

Women leadership: report of the first meeting of Female Family Physicians in Brazil

Liderança feminina: relato do primeiro encontro de mulheres médicas de família e comunidade do Brasil

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ABSTRACT This report is situated in the scope of Female Family Physicians' protagonism and their national organization through the Women's Working Group on Family and Community Medicine, which was founded in 2016 under the Brazilian Society of Family and Community Medicine, a scientific entity that represents this medical specialty in the country. It describes the organization of the first Meeting of this Working Group, in 2019, named 'Female Leadership in Health' and discusses its unfoldings, focusing on gender equity in spheres such as: professional, academic, management, educational, and research, as well as permeating the institution itself. This article also focuses on women's issues surrounding both the specialty and medicine in general. The event welcomed students and professionals from other fields and offered contemporary debates, for example: female protagonism, self-care, intersectionality, maternity and work, participation of women in politics, and gender inequities. The Meeting gathered women from four regions of Brazil, deepened peer bonds and support, and enabled the expansion of the agenda of gender consciousness and its influence in women family physicians' daily life in their experience in management, university, science, and assistance.

KEYWORDS Primary Health Care. Family medicine. Women. Working women. Gender inequity.

RESUMO *Este relato situa-se no campo do protagonismo das mulheres Médicas de Família e Comunidade (mMFC) e em sua articulação nacional por meio do Grupo de Trabalho Mulheres na Medicina de Família e Comunidade (GT-MMFC), fundado em 2016 no bojo da Sociedade de Medicina de Família e Comunidade (SBMFC), entidade científica que representa a especialidade no País. Descreve a organização do I Encontro do GT-MMFC, em 2019, intitulado 'Liderança feminina em saúde' e discute seus desdobramentos, com foco na equidade de gênero nos domínios: profissional, acadêmico, de gestão, de ensino e pesquisa; assim como na própria instituição, a SBMFC. O artigo se debruça, ainda, sobre questões relacionadas com as causas de mulheres no âmbito da especialidade e da medicina. O evento foi aberto a estudantes e profissionais de outras áreas e ofertou discussões contemporâneas, como: protagonismo feminino; autocuidado; interseccionalidades; maternidade e trabalho; inserção da mulher e diferenças de gênero na política. O Encontro reuniu mulheres de quatro regiões do Brasil, aprofundou as relações e o apoio interpares e permitiu a ampliação das pautas para o fortalecimento da consciência de gênero e sua influência no cotidiano das mMFC, na sua prática acadêmica, científica, assistencial e de gestão.*

PALAVRAS-CHAVE *Atenção Primária à Saúde. Medicina de Família e Comunidade. Mulheres. Mulheres trabalhadoras. Iniquidade de gênero.*

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Introduction

The Women in Family and Community Medicine Working Group (WG-WFCM) was founded in 2016, during the XXI World Conference of the World Organization of Family Doctors (Wonca), held in Rio de Janeiro, RJ, when female Family and Community Physicians fFCP (fFCP), active in associations of Family and Community Medicine (FCM) of the state and federal levels, joined forces to participate in the activities of the Wonca Working Party on Women & Family Medicine (WWPWFM)¹. These doctors considered that the underrepresentation of women in decision-making spaces of the profession and of this branch is a historical, political and gender issue. Despite the growing feminization of medicine² and the contemporary debate on gender inequities, remnants of male domination prevail in the material and symbolic fields, exposed by Beauvoir³ in the mid-twentieth century.

The Conference brought the fFCP closer together and led to the collective desire to spread the debate nationwide and expand its academic and political protagonism, in addition to being representative in the direction and in the scientific meetings of FCM¹. It is important to highlight the legitimacy of this movement from the historical tradition of medicine itself, which subjugated women in their embodiment as a patient or in their practice of medicine, relegating to the male the place of prestige and domain of scientific knowledge⁴. The institutional construction of medicine in Brazil, which marked the 19th and 20th centuries by the difference between genders, leaves the structural challenge of debating it in order to subvert it.

The WG-WFCM, within medicine and the specialty, intends to operate in the urgency of giving new meanings to perennial discussions. It aims to discuss the insertion of women in FCM, working for gender equality in the fields of professional activity: academia, management, teaching and research; as well as in the technical-scientific

institution of the specialty, the Brazilian Society of Family and Community Medicine (SBMFC)⁵.

Since its foundation, the work of the WG-WFCM has progressively expanded in various regions of the country, with actions developed by the fFCP, based on teaching, research, specialized scientific activities (workshops, seminars and congresses) and institutional representations. In these spaces, topics related to reproductive rights and abortion are discussed; female representation and protagonism; violence against women and intersectional actions in partnership with other WGs, such as 'Health of the Black Population' and 'Sexuality, Gender, Diversity and Rights', highlighting the importance of discussing racism and intersectionalities, in addition to contemporary themes, such as female overload during the Covid-19⁵ pandemic.

An expressive action was the discussion, within the SBMFC, of the Gender equity standards for Wonca Scientific Meetings (GES)⁶, a tool developed by the WWPWF, which establishes parameters for evaluating how much the events respect gender equity, and which is now used in the planning and evaluation of the scientific meetings of this society. This is a task as demanding as it is foreign to women – gender inequities seem to demand precise proof, in a kind of scientificity of the obvious, delineating legitimacy and equity not yet guaranteed among peers.

During the XV Brazilian Congress of Family and Community Medicine, in July 2019, the WG-WFCM's ordinary meeting took place. In this, the proposal for the first national meeting of the WG emerged, in a space independent from other SBMFC events, and which purposes were structured in: deepening the debate on themes such as female protagonism in health, expanding the group's integration and identifying priority issues in the WG-WFCM planning. The meeting took place in the same year,

in Brasília (DF)⁷. Thus, this article aims to report and discuss the organization's experience and the results of the 1st Meeting of the Working Group of Women in Family and Community Medicine and its impact on the strengthening of the WG-WFCM.

The organization of the meeting

Initially, an organizing committee for the congress was established, with women from different states in Brazil. A semi-structured online form was proposed to raise the main interests of potential participants in the meeting of the fFCP that were WG-WFCM members, so that the commission prioritized daily and relevant themes in the scientific proposal. Among the 42 responses received, 18 expressed interest in topics related to female leadership/imposter syndrome; 10 raised the issue of gender violence and sexism in consultations and in labor relations; 5 were concerned about motherhood and work for the fFCP. The other answers complemented the relevance of the discussions on: black feminism, women in scientific research and in management positions, self-care and collaboration networks between women and gender inequities in public policies. Despite the scale of the debate, these are themes not prioritized at SBMFC events. Furthermore, more profoundly, propositions that dialogue with the feminist struggle in Brazil, in confronting inequalities in public and private life, announcing a perhaps unfinished emancipation⁸.

The Faculties of Medicine and Health of the University of Brasília (UnB) allowed the use of their physical space, with two auditoriums, two meeting rooms and collective spaces such as the central garden and the pantry for three days. Through the Directorate of Diversity⁹ (DIV) – university axis that focuses on representation, recognition and visibility of diverse identities of gender, sexual orientation, race and ethnicity –, UnB mediated the contact with

researchers and references from the Federal District in areas connected to the event.

As speakers, women from the fFCP network who stood out for their work in research and discussion of the themes were invited; researchers from other areas of health and human sciences; and activists from the collectives 'Me farei ouvir' and 'Elas na política', both about women's participation in politics, and 'Casa Frida' (culture collective), 'Escola de Almas Benzedeadas de Brasília' (bessance) and 'Gira Cerrado' (circular dance).

There was no sponsorship or external funding for the event, respecting the SBMFC policy of non-financing by the pharmaceutical industry. All costs were paid with the annual transfer that WG-WFCM receives from SBMFC and with the registration fee paid by graduate and post-graduate participants. Most speakers covered their own travel and accommodation expenses. UnB students did not pay for their registration, which represented an ethical assumption in the construction of the event for the organizers.

Registration was made online, through a website for events, and communication was made with WG-WFCM's email. The communication was made by the SBMFC press officer. The visual identity was created, voluntarily, by a designer who appreciated the project of the meeting.

UnB students were offered the possibility of participating as monitors, with the proper certification, and 15 students contributed. In each activity room, two monitors were responsible for the organization, multimedia test, time monitoring, organization of questions and demands related to the speaker (reception, certificate and acknowledgments). The records of the event were taken by a local photographer.

It is important to emphasize the organization's investment to enable the 'Play Space' and ensure the participation and inclusion of women mothers. This had a structure and toys made available, in part, by the organizing committee and, in part, with the funding of

registrations, and care of the monitors. The public space still lacks ambience for women to use it with or without their children, in an articulated way with their work or academic activities. The confrontation of gender inequalities in public life is part of the feminist struggle for democracy: it is a “necessary revolution in the daily lives of women”⁸⁽⁵⁾. Another concern in this regard was the voluntary offer of solidary accommodation for women from other cities and states, an action based on genuine collaboration between women.

In addition to scientific activities, the Meeting provided an area for the exhibition of local producers, cultural moments, snacks

and social gatherings, all services provided by women’s companies. There was a presentation by the ‘Filhas d’Oyá’, percussive group of women from the Federal District, by Martinha do Coco, coconut master from Paranoá; Soirée with authors of the book ‘Causos Clínicos – Histórias da Medicina de Família e Comunidade’; workshop of circular dances ‘Gira Cerrado’ and blessings from the ‘Escola de Almas Benzedeadas de Brasília’. These initiatives, focused on the solidarity economy, sought to stimulate the contribution, income and inclusion of women, historically immersed in the sexual asymmetry of work in the capitalist system¹⁰.

Figure 1. Organizing Committee of the I Meeting of the GT Mulheres na MFC



Source: Personal file.

Note: From left to right, standing: Ana Carolina, Denize Ornelas, Ana Paula Carrijo, Victoria Mey, Daiane Chavez, Carolina Reigada, Fernanda Fraissat. In front, from left to right: Patrícia Chueiri, Julia Horita, Camila Damasceno.

Holding the meeting: participants, activities and discussions

The event was organized and carried out by fFCP, from November 1st to 3rd, 2019. One

hundred and thirty people registered: only 6 were male, 56 were residents or students in the health area. The average age of participants was 33 years. Most of the participants were from the Midwest (n=96), and the rest covered the states of the South, Southeast and Northeast. The absence of women from

the North region is highlighted, which the WG-WFCM identifies as a problem of representation and reach of the women's network, still without a structured solution. Despite the focus on the participation of fFCP, fortunately,

professionals from other areas participated, such as doulas, psychologists, social workers and nutritionists.

The program is shown in *table 1*.

Table 1. Scientific activities of the I Meeting Women in Family and Community Medicine Working Group

Round tables	Practices and Conversation Circles
Openness: Female Protagonism - perspectives	Women in politics
Maternity, work and decoloniality	How do I take care of myself? Strategies and difficulties
Public policies for the equity and integrality of trans and lesbian women	Media training for women
Dealing with sexism, racism and harassment at university	How to do scientific research?
Gender and the feminization of medicine	Intersectionalities and women's collaboration network
Communication, women and assertiveness	Women caring for women: traditional female knowledge and ICPS

Source: Own elaboration.

Based on the central theme, 'female leadership', the activities carried out can be divided into three main branches. In the first, there were those aimed at the participants' reflection and instrumentalization in matters related to leadership performance in different areas, such as the conversation circles 'Women in politics', 'Public policies for the equity and integrality of trans and lesbian women', 'Media training for women', 'How to do scientific research' and 'Communication, women and assertiveness'. The theme of female protagonism was the most prevalent in the responses to the form sent. The interest in the topic seems to be the result of the work of the WG-WFCM, by coordinating workshops on women's leadership in regional and national events of the SBMFC, which were cited as the reflexive trigger for some fFCP. They began to rethink their position at work, becoming interested in issues such as: gender inequality in leadership positions in their work activities (including within the SBMFC itself); assertiveness; and how to recognize and deal with the so-called 'imposter syndrome'.

For the discussion on women in political exercise, we invited the collectives 'Elas na política' and 'Me farei ouvir', which work for the awareness, motivation and training of women to run for office and to protagonists in spaces of political power. According to the 2019¹¹ Women in Politics map (Mapa Mulheres na Política), although women make up 52% of the population, Brazil has one of the lowest female representations in the government, with only 15% of women, with a decrease to 9% since the government of Jair Bolsonaro. At SBMFC, within the scope of institutional history, gender inequality in the board of directors and in the company's presidency was striking. The WG-WFCM acts by questioning this low representation, as well as favoring gender equity in the construction of scientific events. The current board of directors has 7 men and 6 women, and gender parity was the subject of the last election for the association's board of directors, which seems to us to be a direct effect of the actions of the WG-WFCM.

At the table on public policies for trans and lesbian women, we had the participation of Tatiana Lionço PhD, who brought the path taken to build a national policy¹² in the field of health, the relevance of conquered rights and the need to maintain them; and Láris, a transsexual man who, under the lines of cartographic narrative, presented his process of transsexualization and affections in the midst of his personal relationships, family and work.

For the media training practice, the SBMFC press officer, Ana Carolina D'Angelis, explained and demonstrated how to have more influence and visibility in social networks – the main media tool for dissemination in contemporary times.

In the roundtable discussion on scientific research, Patrícia Chueiri and Magda Oliveira PhDs brought national and global data on gender-related differences within scientific research, such as the loss to women in the total funding received, less recognition in the area and greater difficulty in publishing articles¹³. In the area of FCM, only 12% of family and community doctors have a master's degree; and 2.7%, PhD. The gender perspective on this analysis reveals that the fFCP have lower chances of obtaining titles, especially the doctorate¹⁴, which seems to us a symptom to be analyzed, since, in Brazil, especially in the health area, women researchers are the majority (60%), and 49% of publications have women as authors¹⁵. As a referral, a group of emails was created specifically to think about female scientific production and enable support, exchange of experiences and partnerships between researchers.

In the conversation table about communication, Jéssica Leão highlighted the importance of exercising assertiveness and non-violent communication as tools to clearly expose ideas and opinions, moving away from the social representation of protagonists and assertive women as violent. She brought up the discussion on 'discursive toxic masculinity', which, through language, perpetuates everyday sexism¹⁶.

The second thematic branch addressed the difficulties that women encounter to exercise protagonism in different study and work environments. In this, there are 'Maternity, work and decoloniality' and 'Dealing with sexism, racism and harassment at the university'.

At the roundtable 'Maternity, work and decoloniality', the anthropologist Marianna Holanda PhD, the nutritionist Renata Monteiro PhD and the FCM Natália Albuquerque, master, discussed the difficulties faced by women in the work environment during the pregnancy-puerperal cycle and breastfeeding of their children. Marianna spoke about decoloniality and the need to complement traditional and productivist feminism, prominently white, with anti-racist and indigenous struggles, since we still have a slavery and exclusionary culture. Renata brought up how the view of breastfeeding by health professionals is still extremely technical and even violent with women, focusing on the child to their detriment. Natália explained how gender and motherhood intersect and impact on the professional trajectories of fFCP, discussing the crossing of issues on ethics, responsibility for care, balance of personal, family and work life¹⁷.

In the roundtable discussion about sexism, racism and harassment at the university, doctoral student Ana Paula Carrijo and medical students from UnB Leticia Resende and Marina Moreira discussed the harassment of women in various institutions, how to recognize it and measures for protection and confrontation.

In the third thematic branch, there are activities aimed at self-care and possibilities of care among women, such as the conversation circles 'How I take care of myself: strategies and difficulties', in which doctoral student Débora Teixeira brought theory and experience of mindfulness; 'Intersectionality and women's collaboration network', in which the masters Rita Helena Borret and Thamiris Oliveira brought up the need for recognition of the different oppressions suffered by black, poor, lesbian women,

with theoretical basis of black and lesbian authors, reinforcing the concept of shared pain¹⁸. The groups ‘Gira Cerrado’, ‘Escola de Almas Benzedeiras de Brasília’ and ‘Coletivo Frida’ contributed, respectively, with reflections and practices on circular dance, blessing and doulagem, in activities highly praised by the participants, who were able to experience the potential of care.

The opening table was attended by Maria Inez Padula Anderson and Valéria Mendonça and professor Natália Albuquerque, PhDs. Maria Inez was invited for her relevant career as an FCM, having played different leadership roles – in the Department of Integral, Family and Community Medicine at the State University of Rio de Janeiro (Uerj), in the Iberoamerican Confederation of Family Medicine and in the SBMFC itself –, and brought her experiences and learnings. Valéria discussed the awareness of postures and attitudes, in an intentional and coherent reading of reality, as a way of seeking purposes with the lucidity of the space we occupy in the social environment. Natália was invited with the aim of sharing the experience of the professional trajectory of a young doctor, coordinator of a residency program and researcher.

At the closing table, Valeska Zanello PhD addressed women’s mental health, gender mechanisms¹⁹ and the need to raise awareness of the role and performance of women, especially health professionals. Master Mariana Paes reflected on the places of speech and challenges in the expression of subjectivities related to gender inequities²⁰.

Master Denize Ornelas unveiled the feminization of medicine^{21,22}, the consequences perceived in research regarding the social (de)valuation of medical work with the increase in the number of female doctors in other countries^{23,24}, the gender asymmetry in power and positions of management, differences in education and choice of medical specialties and, consequently, the difference in average remuneration, which is lower among women²⁵, even when correcting the workload,

maintaining equity in the economic sphere of the profession. This table brought up issues such as including new fFCP in the debate on the themes highlighted here and rethinking the role of the WG-WFCM in this articulation.

Event evaluation and developments

During the WG-WFCM meeting, held on the last day of the meeting, the members assessed that the event achieved its initial objectives of deepening discussions of the SBMFC congress and bringing together women from different parts of Brazil, disseminating the WG-WFCM²⁶. Some steps, such as expanding WG-WFCM interventions inside and outside the SBMFC, are being made possible with the publication of notes and videos on topics of scientific and political interest⁵.

The group assesses that, progressively, more women are participating in scientific discussions in spaces provided by the SBMFC, which enhances institutional transformations. For example, the WG-WFCM proposed updating the editorial policy of the Journal of the Brazilian Society of Family and Community Medicine (RBFCM) for the inclusion of women in the journal’s editing positions, which triggered the integration of two fFCP since September 2020.

In 2020, with the elections for the SBMFC board, there was an active movement of the candidates to contemplate discussions brought by the WG-WFCM, not only about gender parity, but also about legal abortion. We understand that such developments are directly linked to the work of the WG-WFCM in different spaces, both operating on gender inequities, gender violence in clinical practice and in the professional performance of fFCP, and through women leaders fostering such discussion. This meeting seemed essential to point out the inequities and the urgency of expanding the discussions of the WG-WFCM in the scientific spaces of the specialty.

Another strength is the collaboration between the SBMFCWGs, especially with the Gender, Sexuality, Diversity and RightsWG and the Black Population HealthWG, deepening issues related not only to intersectionality, but building true networks of collaboration, as many agendas cut across the discussions held in these threeWGs, enhancing the requirements and deepening the discussions.

Among the problems perceived, there was no adherence of family and community male doctors, representatives of the board of SBMFC and the state association to the Meeting. It is noteworthy that the participation of male individuals was not prohibited, but the dissemination of the event was aimed at the public using female articles, which may have generated doubts and discomfort about male participation. Furthermore, there was little interest by men in the topics covered, with a focus on issues related to women's health and political action. In our understanding, this low adherence reflects men's lack of interest in agendas related to the political position of women, in addition to their biological health, keeping them away from this debate. Although we emphasize the female role, we consider the dialogue with men to be structural, in order to discuss and transform together the scientific society and the clinical practice of FCM.

Some organizational problems were pointed out, such as the difficulty of getting funding for the event, the lack of prior disclosure of the gathering places; the lack of a dynamic communication channel during the meeting (perhaps an event app) and the amount of plastic used in lunch breaks. The little participation of fFCP from the city itself, the negligible participation of the regional association of the branch and the presence of a concurrent program with the final meeting of the WG-WFCM, which divided the participants between the spaces, failed to provide the opportunity as a moment of strengthening the fFCP network and the WG-WFCM itself.

As suggestions, the participants presented: the conscientious consumption of

plastics; better publicizing of the map of the rooms; including the possibility of exhibiting scientific works by women; increase the activities together with otherWGs and cherish the participation of a fFCP at all the congress tables, bringing the specialty's vision to the debated theme.

As for the strengths perceived at the Meeting, the following were mentioned: free of charge for UnB students; cultural activities; the diversity of themes; a participatory way of setting up a schedule; the monitors; the consideration of local speakers; care and self-care activities; and the 'Play Space'. These and other organizational aspects were intentionally pursued by the meeting's organizing committee, taking into account the GES⁶, the 10 steps summarized for Gender Equity for Scientific Meetings at Wonca, 2010 (*table 2*)¹.

GES advises that scientific meetings seek: ways to support the participation of mothers, fathers and caregivers, providing, for example, spaces of care and support for children; the intentional invitation of female speakers; the encouragement and development of leaders; the promotion of social activities and the search for sponsors that respect gender, national origin and ethnicity; the use of 'grants' to encourage participation in the meetings. The commission considers that most of these items were fully complied with and also evaluates that it has proposed alternative ways, given the financial constraints faced, of approaching the ideal, with exemption from registration fees and the participation of certified monitors. The only two items from the GES that the committee did not actively pursue were having gender balance in the Meeting and in the organizing committee itself. The commission assessed that the historic moment of organizing a first meeting of fFCP, made by the effort and collaboration of the women themselves, surpassed the orientation of having a gender parity in the event. However, as already explained, it is important that a next step be taken in this direction.

Table 2. Ten Outlined Steps for Gender Equity for Wonca Scientific Meetings, 2010

1. Structure of Committees: All Committees involved in planning and convening scientific meetings adhere to the basic principles of gender balance and gender equity.
2. Program content: incorporates gender equality throughout its implementation. All topics for scientific meetings include a gender perspective or analysis. All calls for proposals to the plenary, symposia and workshops explicitly request a gender consideration. No gender restrictions/bias in participation. Themes related to women's health are encouraged, regardless of the theme of the meeting.
3. Gender Balance: All scientific committees plan gender balance for guest speakers/speakers in the plenary, workshops and symposia.
4. Speakers: Deserving women are purposefully and proactively considered as speakers.
5. Scholarships: The Organizing Committee or the Scholarship Inclusion Committee makes every effort to purposefully increase the pool of available funds and distribute scholarships equitably in relation to gender.
6. Leadership Development: Scientific Committees make every possible effort to promote leadership development at each conference.
7. Family Activities: The Organizing Committee collaborates with participants who are mothers, fathers or caregivers of children to facilitate the necessary arrangements to provide affordable care for infants, young children and school-age children.
8. Social Events: The Organizing Committee ensures that all social activities offered as part of the regular conference program respect the gender, national origin and ethnicity of the participants and their guests, and that sexist humor or events and/or degrading comments will not be tolerated.
9. Corporate Sponsorship and Marketing: The Scientific Committee that organizes Wonca meetings restricts external sponsors who drive policies or market products that negatively affect women. Every effort is made to restrict images or products that objectify women or make misleading claims.
10. Interactive Educational Styles: Scientific Committees encourage invited speakers to adopt interactive teaching and learning styles and include this encouragement in the calls for proposals for each meeting.

Source: Oliveira, Chueiri, Albuquerque¹.

The Covid-19 pandemic interrupted some projects programmed and under development, such as the II WG-WFCM Meeting scheduled to take place at the Northeastern Congress of FCM, which would take place in July 2020; and a campaign that had been developed, during the month of March, for women's protagonism in several areas. Some campaigns, to increase awareness of gender in everyday life and on ways of supporting women to increase research and academic publication, have not yet been put into practice.

Another repercussion was the strengthening of the WG-WFCM before the other WGs of the scientific society, but mainly

before its board, which seems to recognize the group's work potential and the value it adds to the SBMFC.

Conclusions

In the last four years, WG-WFCM has been maturing its actions in a purposeful way, advancing with the growing inclusion of fFCP and medical students. As of June 2021, there are approximately 60 registered and up-to-date women actively participating in the decisions and organization of the WG's activities, and 120 women in the host group, in which broader discussions take place. We

observe that their work has been filling and problematizing the gap in gender awareness, with a clear influence on the daily lives of family and community doctors, in outpatient, academic, scientific and management practices.

The I WG-WFCM Meeting consolidated the accumulated experience and strengthened the group to progress in a comprehensive, diverse and critical way. In this sense, this report has historical and documentary importance for the fFCP and, more broadly, for the women's movements in medicine and health, in order to materialize the importance of the chosen agendas. There are still ample challenges, such as the little representation in the WG-WFCM of women from the Northeast and the North, the negligible participation of men in the

discussions raised and the fight against sexism and gender asymmetry in medicine. It is hoped that the group will continue to advocate for more professionals to recognize the issue of gender as a social condition of health and transform their practice in favor of facing inequities.

Collaborators

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