

Women waste pickers: living conditions, work, and health

Mulheres catadoras de materiais recicláveis: condições de vida, trabalho e saúde
Mujeres seleccionadoras de materiales reciclables: condiciones de vida, trabajo y salud



Alexa Pupiara Flores Coelho^a
Carmem Lúcia Colomé Beck^a
Marcelo Nunes da Silva Fernandes^b
Natiellen Quatrin Freitas^c
Francine Cassol Prestes^a
Juliana Zancan Tonel^d

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ABSTRACT

Objective: To know the elements of work, health, and living conditions of women who pick recyclable waste and are members of a waste cooperative in a town of the state of Rio Grande do Sul, Brazil.

Method: This is a qualitative, exploratory and descriptive study with seven subjects. Data were collected through participative observation, semi structured interview, and a focus group from July to August of 2013. The data were subjected to content analysis.

Results: The following thematic categories emerged: Women's work, informality and precariousness; Experiences of job satisfaction; and Working conditions and health: experiences with accidents, illness and health services.

Conclusion: It was concluded that the women who collect recyclable material are exposed to precarious work conditions and potential health risks, such as work overload, accidents, illness, and social insecurity, and that nurses are responsible for promoting actions that ensure the health and inclusion of these workers.

Keywords: Occupational health. Working conditions. Solid waste segregators. Nursing. Women, working.

RESUMO

Objetivo: Conhecer elementos relacionados às condições de vida, ao trabalho e à saúde de mulheres catadoras de materiais recicláveis, cooperativadas em um município do estado do Rio Grande do Sul, Brasil.

Método: Estudo qualitativo, exploratório-descritivo, com sete catadoras de uma cooperativa de reciclagem. A produção de dados incluiu observação participante, entrevistas semiestruturadas e grupo focal, de julho a agosto de 2013. Utilizou-se a análise de conteúdo.

Resultados: Emergiram as seguintes categorias temáticas: Trabalho feminino, informalidade e precariedade; Vivências de satisfação no trabalho; e Condições de trabalho e saúde: as experiências com acidentes, adoecimento e serviços de saúde.

Conclusão: Evidenciou-se a precariedade que caracteriza a atividade laboral das catadoras de materiais recicláveis, as quais estão expostas a riscos potenciais à saúde como sobrecarga de trabalho, acidentes, adoecimento e insegurança social, bem como o papel da enfermagem no sentido de promover ações em prol da saúde e inclusão dessas trabalhadoras.

Palavras-chave: Saúde do trabalhador. Condições de trabalho. Catadores. Enfermagem. Trabalho feminino.

RESUMEN

Objetivo: Conocer los elementos relacionados con las condiciones de vida, trabajo y salud de mujeres recolectora de materiales reciclables, cooperativas en una ciudad de Rio Grande do Sul, Brasil.

Método: Estudio cualitativo, exploratorio-descritivo, con siete sujeto de una cooperativa de reciclaje. La recolección de datos incluyó observación participante, entrevistas semiestruturadas y grupo focal, de julio a agosto de 2013. Para análisis, se utilizó el análisis de contenido.

Resultados: Surgieron las siguientes categorías temáticas: Trabajo femenino, informalidad y precariedad; Experiencias de satisfacción en el trabajo; y condiciones de trabajo y salud: las experiencias con accidentes, enfermedad y los servicios de salud.

Conclusión: Se mostró la precariedad que caracteriza la actividad laboral de los recolectores de materiales reciclables, quienes están expuestas a los riesgos potenciales para la salud, tales como la sobrecarga de trabajo, los accidentes, las enfermedades y la inseguridad social, así como el papel de la enfermería con el fin de promover acciones para la salud y la inclusión de estas trabajadoras.

Palabras clave: Salud laboral. Condiciones de trabajo. Recolectoras. Enfermería. Trabajo femenino.

^a Universidade Federal de Santa Maria (UFSM), Departamento de Enfermagem, Grupo de Pesquisa Trabalho, Saúde, Educação e Enfermagem. Santa Maria, Rio Grande do Sul, Brasil.

^b Prefeitura Municipal de Santa Maria. Santa Maria, Rio Grande do Sul, Brasil.

^c Hospital Universitário de Santa Maria. Santa Maria, Rio Grande do Sul, Brasil.

^d Centro Universitário Franciscano (UNIFRA), Programa de Residência Multiprofissional em Saúde. Santa Maria, Rio Grande do Sul, Brasil.

■ INTRODUCTION

The work of waste pickers includes collecting, separating, transporting, packaging, and sometimes processing solid waste for reuse or recycling. It is estimated that approximately 1.5% of the economically active population in Asia and Latin America secures its livelihood from these activities. In Brazil, at the start of this decade, some 400,000 people declared that their main occupation was waste picking, and 31.1% of these workers were women. However, this percentage may have been underestimated since many women view recycling as a complementary activity in relation to other work, such as housework⁽¹⁾. In view of the economic and social conditions of the Brazilian population, waste picking has become an increasingly popular activity in Brazil⁽²⁾.

This paper addresses the work of women waste pickers since these women usually exert their labour activities without access to basic social rights, such as healthcare. This context supports the need to consider the connection between the precariousness that permeates waste picking and gender issues. One of the factors that configure the precarious work of these women is the multiple tasks they must conduct both socially and at home, and the work overload that results from being a woman, a mother and a waste picker⁽³⁾.

Although there are studies on recycling work⁽²⁻⁴⁾, we did not identify studies that address the living, working, and health conditions of women waste pickers, and how this work relates to the nursing practice. In addition, the universe of waste picking is believed to be heterogeneous in relation to the way workers carry out their work⁽³⁾, which reinforces the need to address such characteristics and their possible implications for the health of workers, especially women.

This knowledge production can help ensure observance of the National Policy of Comprehensive Women's Care (PNAISM) by broadening the perception of the health needs, life context, singularities, and conditions of women waste pickers. Also, it can favour the role of nurses and help them reaffirm their commitment with the care of people and collectivities in different scenarios.

Thus, this paper sought to answer the following research question: "Which elements are related to the living conditions, work and health of women waste pickers?" The aim of this paper was to know the elements related to the living conditions, work and health of women who pick waste and belong to a recycling cooperative in a municipality of the interior of Rio Grande do Sul, Brazil.

■ METHOD

This study is a qualitative, exploratory, and descriptive investigation. The data were obtained from the end of course work of the Nursing programme entitled "*Adoecimento relacionado ao trabalho e estratégias defensivas em mulheres selecionadoras de materiais recicláveis*"⁽⁵⁾. The research scenario was a recyclable waste selection cooperative located in a municipality of the state of Rio Grande do Sul, Brazil, which had nine women in the study period.

The participants were seven women waste pickers who met the following inclusion criteria: working with recyclable material selection linked to the cooperative, and working for at least six months in the activity in question. The criterion for exclusion was workers who were absent during the data production period for whatever reason. Of the nine women workers at the cooperative, one was excluded because she had worked in the study scenario for less than two months and another was excluded because she worked on the trucks away from the recycling shed, which prevented any involvement in the study.

Data production consisted of participant observation, semi-structured interview, and the Focal Group technique (FG). The triangulation of methodological tools was important to know the object from different perspectives, given its uniqueness and peculiarities.

Participant observation allows the researcher to become familiar with the observed context and the reality and the singularities of a group of people. The adopted approach was active observation, where the researcher seeks to do what the participants do in order to draw closer, work at the same level with, and know the reality with which he or she is interacting with greater depth and intensity⁽⁶⁾.

The participants were observed in July 2013 for five days, totaling 25 hours. The observation scenario was the recycling shed. An observation script and a field journal were used during this period. According to the proposed reference framework⁽⁶⁾, the researcher joined the workers to share some of their activities and get to know their everyday experiences at work. Interpersonal contact allowed the researcher to listen to the women and share some of their experiences, thus creating a bond that helped the participants open up regarding the study. The key elements observed during this period were working conditions, the organisation of tasks, the relationship between these tasks, and the everyday experiences at the cooperative.

The semi-structured interview was guided by a script consisting of closed-ended questions (age, skin colour/race, education, whether the women had children and their ages, whether the women had a companion, time

working with waste selection, prior employment, and weekly work hours). The open-ended questions included aspects of the lives and work of the women. Seven women pickers took part in the interview. The workers were identified in the transcripts with the letter T (for the word “trabalhadora” or worker in Portuguese), followed by the number corresponding to the order they completed the instrument. Therefore, the first to answer the survey was T1, the second was T2, the third was T3, and so on. This step was completed in July 2013.

The Focal Group technique is used to collect data with a group of participants as they exchange ideas, present their opinions, collectively discuss issues, and create new ideas based on the thoughts presented inside the group⁽⁷⁾. This stage was completed in August of 2013, in three sessions with five women on the first date, five in the second, and six in the third. Fewer women participated in the FG sessions because some of them worked outside on the trucks or performed administrative activities. Each FG session lasted 1 hour on average. The workers were identified in the transcripts using pseudonyms they chose and wrote on nametags.

All the data production stages occurred in the headquarters of the cooperative. The interviews and FG sessions were recorded to analyse the data completely and accurately. The data were analysed using the thematic content analysis technique in three stages; exploration of the material, data processing, and interpretation⁽⁸⁾.

This study complied with the ethical precepts of research involving humans, according to Resolution 466/12 of the National Health Council. All the participants signed an informed consent statement and research was approved by the Research Ethics Committee of the Universidade Federal de Santa Maria (CEP/UFSM) with certificate of presentation for ethical appreciation (CAAE) 16195113.9.0000.5346.

■ RESULTS AND DISCUSSION

With regard to sociodemographic and work-related characteristics, the women pickers were mostly over 40 years old and married or with a companion. Most of them have three children or more. Most of the women claimed they were brown-skinned or black and they had not finished secondary school. These data converge with other national and international studies with this population^(2,4,9).

All the women work informally in the cooperative for 45 hours a week. Most of the workers had been working at the cooperative for more than three years. These data converge with data found in another study⁽²⁾. With regard to previous jobs, three women did not mention prior employment, that

is, they claimed they had initiated their work life selecting recyclable materials and had never worked in other professions. The others mentioned the following work experiences: supermarket bagger; children’s companion in private transport services; nanny; domestic worker; house cleaner; caregiver for the elderly, and attendant in a supermarket bakery. These results are similar to those found in a study with collectors of recyclable materials, where most of the women pickers had worked as domestic workers, which is a culturally discriminated profession predominantly carried out by women⁽⁴⁾.

The data submitted to thematic content analysis were organised into the following categories: Women’s work, informality and precariousness; Experiences of job satisfaction; and Working conditions and health: experiences with accidents, illness and health services.

Women’s work, informality and precariousness

An investigation into the life and work of the waste pickers revealed issues related to the division of house work among family members. As shown in the social and work data, most of the women have a companion and children. Although some of the women stated the house work was shared, others had difficulties with the house work, as shown below:

If I do the laundry, he [companion] prepares the food. If I’m going to do food, he puts the laundry in the machine. [...] I do one chore and he does the other. (T6)

I do most of the work. There are things that he [companion] doesn’t do. He does not wash my clothes. (T2)

When he [companion] agrees, he tidies the room for me, but that’s when he agrees, because otherwise it’s just me. [...] And when he’s alone, because if I’m at home, there’s no way. (T3)

There is an inconsistency between the advancement of women in the labour market and the permanence of woman as the main performers of household chores. The advancements of women in the professional field were not equally accompanied with the denaturalisation of the traditional female role surrounding childbirth or the devolution of reproductive work (in the home environment) in the mother figure⁽¹⁰⁾.

The concept of double shift comes from the French feminist movement of the 1970s, and refers to the assumed responsibility of working women regarding housekeeping.

The discussion surrounding the sexual division of work emerged from the realisation that women did most of the housework for free, and that this work was not performed for themselves, but for others, always in the name of love and maternal duty⁽¹¹⁾. Therefore, women have to live with the burden of productive work (paid work, in the context of public life) and domestic work, both of which become a catalyst of overwork and sickness.

To this we must also add the life trajectories marked by exclusion from the work market and lack of opportunities. The statements show that two of the reasons that led the women pickers to work with recycling were the need to obtain extra income and difficulty getting a job.

First it was the need. I was 15 years old when I started here. I had to help my parents [...]. (T1)

[...] I was supposed to do a course and I didn't specialise in anything. [...] My age wasn't helping much, because they only wanted young girls. (T5)

[...] Unemployment and the lack of knowledge in any area. I had no studies. I was illiterate when I walked in here. I just knew how to be a housewife, washing, ironing, cooking. It was a chance to learn something else. (T6)

The feminisation of work is accompanied by precariousness. The activity of collecting recyclable materials is seen as an alternative for women who are unemployed or excluded from the work market. Therefore, the lack of opportunities and professional qualification has led men and, to a greater extent, women toward work with solid waste as a possibility to ensure the livelihood of their families⁽¹²⁾. The fact that most women pickers have conducted typically female jobs with minimal social recognition, as shown in the social and work data, reinforces the interface between the feminisation of work and precariousness.

There are, however, other elements that motivate the start of work with recyclable materials, such as cooperative work as an alternative for women who picked waste in the streets, interest in recycling and how it works, which leads to identification with the work dynamic, and the influence of family members who worked with waste recycling. A study⁽¹³⁾ found that pickers of recyclable materials see cooperative work as an opportunity for realisation, security, stability, income generation, and the possibility of obtaining greater recognition.

Despite the benefits of cooperative work, informal work has its negative impact on social protection and labour rights. The participants of this study worked without

a formal employment bond and were therefore excluded from any social benefits and social security. A concern stated by the women was retirement and severance pay. The women pickers also mentioned concerns regarding their future, the possibility of getting sick, the inability to continue working, and the consequent end of their monthly income. These concerns led to the attempt to establish a monthly contribution to the National Social Security Institute (INSS), which was undermined by factors such as low monthly income and difficulties in making the monthly contributions, as shown below:

I haven't even started paying, yet. You have to start, but I don't have the time either. You have to miss a day of work just to do that. There is no way, if you have children there is no way [...]. (T2)

I pay it, but I'm behind on the payments. I still have a few months, I stopped paying because money was short [...]. (T4)

A study carried out in Colombia⁽⁹⁾ showed that waste pickers are exposed to precarious working conditions that directly affect their health and their families. The reality found in this study converges with the findings of the Latin American scenario regarding the precariousness of work with recyclable materials.

Given the economic dynamics and transformations in the Brazilian labour scenario, informal work is heterogeneous and therefore exhibits polysemic concepts⁽¹⁴⁾. Here, it is important to identify the concept of informality and both of its dimensions. On the one hand, there is self-employment that can be defined as an alternative survival strategies triggered by difficulty to enter the labour market; and, on the other hand, statutory or consensual informal employment bonds, including cooperatives, that are the reflection of the capitalist reorganisation of paid labour. These dimensions share the characteristics of vulnerability, which includes insecurity/instability, the absence of regulation, flexibility, and low income⁽¹⁵⁾.

The process of informality has mostly affected women since it is related to the implications of gender that often lead women to precarious and underpaid work. In the case of older workers with low schooling (like the participants of this study), informal work is more common and implies losses to their social well-being, such as access to state protection and retirement⁽¹⁴⁾. These considerations agree with the results of this category, which reveals that the reality of women waste pickers can help us understand the relationship between women's work and processes of informality.

Experiences of job satisfaction

Regarding the subjective relationship of women pickers with their work, the results show that the workers were satisfied and liked what they were doing. The following statements illustrate this finding.

I feel accomplished. Because everything I have today is thanks to this job. My studies, my life, my part at home, all I have, I got with this job. (T6)

I feel accomplished because I do everything I can, I help the girls, make food, everything I can. It's all about being committed (Patricia)

The personal fulfilment provided by the gains of work promotes satisfaction. Similarly, the sensations triggered by collective work due to the possibility of cooperating with others make people feel useful and helpful.

Although informal women's work usually represents precariousness and underemployment, it is also a means through which some women of different ages who are excluded from the formal labour market and have low schooling can increase their family income⁽¹⁴⁾ and consequently improve their quality of life. Therefore, despite the adverse conditions, the work itself can represent a means of personal and material fulfilment for these women.

In addition, the women mentioned their role in relation to improving the environment. The workers acknowledge that their work of selecting recyclable materials contributes to the environment and to society. During the participant observations, it was observed that the women waste pickers also attend lectures at schools about the importance of recycling and selective collection. The following fragments illustrate this thought:

[...] We would live in a "pig sty" because of all that stuff. So it is important for us and for nature too. (Patricia)

[...] That's what we do; clean the world for our children, for a better world. (Nina)

These statements show that the women pickers see the positive aspects of their work. Although they are stripped of most of their social rights, they seem to recognise the importance of their work, and this recognition influences their decision to continue with this profession.

The results show that job satisfaction comes in the form of the financial reward for the work they do. Of the seven women interviewed, one stated that the pay falls short

of the efforts of their daily work. Studies reveal the low monthly income of work with recyclable materials⁽²⁾. The income obtained from informal employment is relatively low in comparison with formal work, which negatively affects the gender profile of women's work⁽¹⁴⁾. However, the statements do not reveal dissatisfaction and discomfort in relation to monthly earnings. Although the women are aware of the low financial compensation, the possibility of working outside home is a positive stimulus that causes satisfaction among the waste pickers of this study.

Working conditions and health: experiences with accidents, illness and health services

Some of the issues that emerged with content analysis were accidents and diseases caused by work, and the care provided by the health services. Regarding work accidents, one of the women stated she had never suffered an accident of any kind. The other workers mentioned episodes that included falls, sprained joints, and accidents with sharp objects, which were reported by six workers.

Participant observation revealed a set of potential elements for accidents, such as glass, needles, and biological waste mixed with the recyclable waste. Other elements were the precarious maintenance and conditions of machines and the physical and mechanical risks related to their use.

[...] I almost lost my arm. I got stuck in the chopper. About four years ago. [...] It took almost a month to heal from the inside and it still hurts. It didn't actually break, but it's sore inside. (T2)

[...] And that [bulk], you can't let one side fall. You can even hurt someone. You drop a bulk like that and you can kill someone. (Manoela)

Informal workers are exposed to poor working conditions and lack of security, and they are often inserted in contexts that endanger their health on a daily basis⁽¹⁶⁾. This points to an important feature of informality: the vulnerabilities of workers to illness. The risks, in the reality of the participants of this study, can be exacerbated by the extensive weekly work hours detected in the social and work-related data. The women, however, trivialised the risks to which they were exposed. Some of the waste pickers also reported resistance to immunisation, as shown in the following statements:

[...] A scratch, a graze, a little cut, little things like that, but silly things, nothing serious. (T3)

Sickness, disease, as I say, is cancer [...].(Julinha)

I have that, but I'm not used to taking that [vaccines]. The last one I had was kind of forced, I was forced to take it and that was now when he [son] was born. They gave me the late ones [vaccines]. It was like a punishment. But I'm not taking them again.(T2)

One can infer that the workers do not see the risks to which they are exposed, probably because they are not familiar with the incidence, seriousness, and complications that can arise from injuries. A study⁽²⁾ showed that waste pickers believe that work accidents are only events that can seriously affect their health. The statements of the workers indicate that the seriousness of work accidents, when not disabling, is trivialised and disregarded. The fact that some women are not up-to-date with their vaccines can indicate a lack of access, resources or information since they believe they are not seriously exposed to tetanus or other diseases.

In relation to the procedures taken when there are work-related injuries, the participants reported they sought the emergency services or a primary health unit for care and guidance. In relation to the effectiveness of care provided by these services, the women's statements ranged from satisfaction to total dissatisfaction. Dissatisfaction and disappointment, however, prevailed in relation to the public health services, as exemplified below:

[...] I went in emergency unit. Terrible [the care]. The doctor was a fool [...].(T5)

You can't go to the health unit! You have to use a private service. You have to stand in line there, two, three in the morning to get a number, and so I went and paid for a consultation to do the tests. (Patricia)

The data confirms that the unified health system (SUS) is the network of reference for these workers since the emergency and primary care units are the main services they seek in the event of work-related injury. The private services, however, are often considered a viable and problem-solving alternative. Still, the data show the workers do not always seek a healthcare institution or professional when they suffer an accident at work, and prefer to tend to their injuries at home or in their own work environment.

[...] Or even at home, where I can wash it well, use some cream, an ointment, something like that. (T4)

[...] I pulled it out [sharp object], I ripped it out here. And then it was pulsing, it was hurting. So I washed it with brine and vinegar and I washed it and washed it... I took care of everything, cleaned it, and it got better. [...] I have cut this finger here, it was dangling. I just tied it with a sock, and as they stitch you up at the ER, I didn't go, I worked with my finger that way. I tied it tightly with a nylon stocking [...]. (T5)

The healthcare network of workers does not always reach the workplace and fails to promote the health and wellness of people. Problems such as underreporting work-related diseases, the fragmentation of actions, and the lack of trained professionals restrict the field of occupational health⁽¹⁷⁾, and therefore exposes several individuals to precariousness and work-related diseases.

Regarding the occurrence of illness and sick leaves, four of the seven women reported they had stayed away from work due to health issues. The reasons they gave were depression, abortion with symptoms that started during work activities, hypertension, and cancer. Moreover, presenteeism was also identified as a way the women dealt with sickness, and as a continuation of work in these situations⁽¹⁸⁾. The statements reveal that they continued to work even when they were suffering from a health problem.

[...] I always work when I'm sick. If I get sick, I still go to work. [...] Even with the threat of pain [pneumonia] I've still worked [...]. (T4)

[...] Then I started chemo, I worked on the days I didn't have chemotherapy and when I had chemo I was still coming here, arrived on time to stay in^e and I was staying in. When I left it was to go home, because that day I couldn't come back, and the other day I went to work, normally, like everybody else, without ever stopping [...]. (T6)

In the informal work experience, women are deprived of social benefits and aid in the case of illness. This means that any time away from work due to illness leads to a reduced monthly income, which often forces them to continue working even in the case of serious illness.

Presenteeism is a reflection of the fear that many workers have of losing their jobs due to sick leave. Workers develop psychological denial mechanisms to the point of losing their capacity to identify symptoms or recognise that they are ill. Many of these workers refuse to seek help for extended periods, and their problems

^e The term "stay in" is used to describe the temporary hospitalization patients require for chemotherapy.

consequently get worse or become chronic⁽¹⁹⁾. Therefore, it is necessary to recognise that the root of presentism lies in the precariousness of the work of waste pickers. Without a support network and unable to support themselves without the income they receive from recycling, they see no other choice but to keep working, even in the case of illness.

The health of workers must be included in the agendas of social and healthcare policies. Traditional approaches have not been effective in reducing the gaps in this area. Moreover, any innovative approaches should specially focus on informal workers who are often deprived of social protection and access to healthcare⁽¹⁶⁾.

The place of work as a determinant of health and disease processes reinforces the need for nursing to expand the scope of research fields and care for workers. Nurses undertake to incorporate actions in their daily routines (research, care, management, public policies) that focus on the health and care needs of workers and therefore improve work health indicators⁽²⁰⁾. Reflection of the core of nursing must therefore consider the fairness and effectiveness of the care provided to formal workers in general and informal workers in particular.

■ FINAL CONSIDERATIONS

This study provided important insight into the element of living conditions, work and health of women waste pickers. These elements were mainly related to the interface of women's work, informality, and precariousness, and show that the feminisation of work is accompanied by the underemployment of women in the labour market and the persistent inequalities; the satisfaction and identification with work that function as buffers; and the experiences of accidents, injuries, and poor assistance at the health services, which signal the important health risks of these women. The data of this research can therefore help us understand the incisiveness of the risks to the health, safety, and wellness of women pickers.

This paper also reiterates the precariousness that characterises this labour activity and the exposure to occupational hazards within the context of informality and social insecurity. The risks mentioned by the women pickers reveal the need to find new approaches in healthcare and nursing. These innovative approaches should include the participation of nurses in actions connected to the regional worker's health centres, the research and extension centres, the primary health services, and other scenarios involved with protecting and promoting the health of people.

The dimension of women's work includes the possibility (and need) of promoting the protagonism of women, helping them become aware of their needs, and guiding them to areas where they can fight for public policies. These actions also lie within the scope of nursing actions and can be realised through participatory studies with emancipatory methodologies. Moreover, these actions provide a direction for the construction of intervention networks that can transform the lives of these people.

Some difficulties limited the scope of this study. One of these difficulties was that the women pickers receive a monthly income for production and had to interrupt their work to participate in the data collection process. This study largely depended on the courtesy and cooperation of the women pickers, despite their difficulties. The presentation of this data opens possibilities for outreach and participatory studies in order to fill gaps and propose measures to improve the quality of life and work of these women workers from the perspective of educational nursing work.

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■ **Corresponding author:**

Alexa Pupiara Flores Coelho
E-mail: alexa.p.coelho@hotmail.com

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