







INCLUSION OF FEMALE NURSES IN THE AUXILIARY BODY OF BRAZIL'S NAVY RESERVE

INSERÇÃO DA MULHER ENFERMEIRA NO CORPO AUXILIAR FEMININO DA RESERVA NA MARINHA DO BRASIL

INCLUSIÓN DE LA MUJER ENFERMERA EN EL CUERPO AUXILIAR DE LA RESERVA DE LA MARINA DE BRASIL

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ABSTRACT

Objective: to historicize the insertion of the female nurse in the Brazilian Navy through the Auxiliary Body of the Navy Reserve, highlighting her achievements and contributions from 1980 to 1997. **Method:** a qualitative study of a social and historical approach, in which eight interviews were conducted using the oral history technique and documentary sources. Thematic data analysis was performed. **Results:** three aspects were presented: the insertion of the female nurse in the Brazilian Navy and its conquests over the years; the contribution of women to the environment in the Armed Forces and vocational training; and the meaning of being a woman, a nurse, and a military man. **Conclusion:** military nurses contributed to the feminization of the profession in the military environment and to the professionalization of Nursing. **Keywords:** Military Nursing; Military Personnel; Women; Nursing.

RESUMO

Objetivo: historicizar a inserção da mulher enfermeira na Marinha do Brasil, por meio do Corpo Auxiliar Feminino da Reserva da Marinha, destacando suas conquistas e contribuições no período de 1980 a 1997. **Método:** estudo qualitativo de abordagem histórico-social, no qual foram realizadas oito entrevistas utilizando a técnica de história oral e fontes documentais. Foi realizada análise de dados temática. **Resultados:** foram apresentados três aspectos: a inserção da mulher enfermeira na Marinha do Brasil e suas conquistas ao longo dos anos; a contribuição das mulheres ao ambiente nas Forças Armadas e a formação profissional; e o significado de ser mulher, enfermeira e militar. **Conclusão:** as enfermeiras militares contribuíram com a feminização da profissão no ambiente militar e também para a profissionalização da Enfermagem. **Palavras-chave:** Enfermagem Militar; Militares; Mulheres; Enfermagem.

RESUMEN

Objetivo: relatar la inclusión de la mujer enfermera en la Marina de Brasil por medio del Cuerpo Auxiliar Femenino de la Reserva de la Marina y realzar sus logros y aportes entre los años 1980 y 1997. **Método:** estudio cuantitativo de enfoque histórico social, con ocho entrevistas realizadas según la técnica de historia oral y fuentes documentales. Los datos se analizaron por temas. **Resultados:** se observaron tres temas: inclusión de la mujer enfermera en la Marina de Brasil y sus logros a través del tiempo; contribución de las mujeres al ambiente de las Fuerzas Armadas y la formación profesional; y significado de ser mujer, enfermera y militar. **Conclusión:** las enfermeras militares han contribuido a la feminización de la profesión en el ambiente militar y, asimismo, a que la Enfermería se torne más profesional en ese ambiente. **Palabras clave:** Enfermería Militar; Personal Militar; Mujeres; Enfermería.

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INTRODUCTION

The image of women in Brazilian society has been characterized by constant changes in relation to values, practices and roles. In the first half of the twentieth century, many female professions were developed in Brazil, among them Nursing, which was an important point in the process of emancipating women in the labor market.¹ In the last years, advances have translated into demographic, cultural and social changes that have had great influence for the recognition of women in all scopes. As examples, in Brazil we see the adequacy of legislation on women, the growing production of gender studies, the creation of specialized police stations and victim assistance services, as well as the adoption of specific public policies to combat the problem of gender inequality.²

It was in this context of labor market expansion that the *Marinha do Brasil* (MB) provided women, including nurses, with pioneering entry into the *Forças Armadas* (FA). In 1980, Law No. 6,807, dated July 7th, 1980, created the *Corpo Auxiliar Feminino da Reserva da Marinha* (CAFRM), composed of the *Quadro de Auxiliar Feminino de Oficiais* (QAFO) and the *Quadro Auxiliar Feminino de Praças* (QAFP).^{3,4} The creation of these cadres had as main objective the insertion of women to act in several areas: technical, administrative, health and others.⁵

Three main reasons accounted for the creation of the first group of women: the first one was the replacement of specialists, official men and enlisted personnel, who had been working in Land Military Organizations (OM) who, with the arrival of these women, would be moved to the operating sector in ships. Another justification was the "great convenience" of the act, due to the "social scope" and the repercussion that such an initiative would bring, contributing to the so invoked equality guaranteed by the Brazilian *Constituição Federal de 1967* (Section 150, paragraph 1), which politically would give MB more engagement to governmental proposals and social prestige resulting from its pioneering among the other FAs.⁶ A third reason for the creation of the first group of women was the need to supply health areas, such as Nursing, Medicine and Dentistry, with a specialized workforce, to work in the recently inaugurated *Hospital Naval Marçílio Dias* (HNMD), in Rio de Janeiro.^{7,8}

The CAFRM was definitely closed in 1997, after 17 years of existence, according to Law 9,519, dated November 26th, 1997. From then on, a new period of conquests and equality began, with the integration of women into the Corps and Navy cadres, ensured by stability and a career plan. Today, they develop their activities in parallel to military men, but women working in the Navy still find a stronghold of resistance, present in only a few bodies and pictures.⁹

Against this background, it was chosen as objective of this study to historicize the insertion of female nurses in MB, through the CAFRM, highlighting their achievements and con-

tributions over the years. The initial frame of this study is the year 1980, when the CAFRM was created, and the final milestone was in 1997, when the CAFRM and the integration of women into MB bodies and cadres took place, forming a period of new achievements and equality with military men.

METHODOLOGY

This is a historical and social approach qualitative study. Oral history was used as one of the sources of research and, as documentary sources, the MB internal records available in the *Diretoria de Patrimônio Histórico da Marinha* were consulted.¹⁰

Data was collected in the city of *Rio de Janeiro*/Brazil, because it is the place where more health MBs belonging to MB are concentrated, such as HNMD, the *Unidade Integrada de Saúde Mental* (UISM), the *Centro Médico-Assistencial da Marinha* (CMAM), and the *Diretoria de Saúde da Marinha* (DSM), among others, and, consequently, the largest number of health professionals, among them military nurses who belonged to CAFRM. The MB is divided into nine naval districts (DN) that constitute subdivided nuclei throughout the Brazilian territory, by regions of naval units, air and marine units. The place chosen for the study is part of the first DN, whose purpose is to contribute to the fulfillment of the responsibilities of MB in the river, lake and land areas, covering the states of *Espírito Santo*, *Rio de Janeiro* and some municipalities in the state of *Minas Gerais*, in addition to *Trinidad* and *Martins Vaz* islands.¹¹ Eight military nurses who worked at CAFRM between 1980 and 1997 were participants. As inclusion criteria for the interviewees' selection were the following: being a military nurse and having entered MB between 1980 and 1997, being active or reserve military and residing in the city of Rio de Janeiro. Regarding the profile of the participants, these nurses are between 44 and 56 years old, one graduate, five *latu sensu* postgraduates and two *stricto sensu* postgraduates. As to their origin, five were born in the city of *Rio de Janeiro*, one in *Minas Gerais*, one in *São Paulo* and one in *Pernambuco*. The military rank of two interviewees is Captain Corvette (CC), three are Frigate Captains (CF) and three are Reserve Captains, two of whom have returned to MB to serve for a definite time (TTC), that is, the military already in the reserve are rehired by MB and begin to perform voluntary activities for a certain time, receiving an additional amount for this function.

In compliance with Resolution 466/12 of the *Conselho Nacional de Saúde do Ministério da Saúde* (CNS/MS), this study was submitted to the *Comitê de Ética em Pesquisa com Seres Humanos* (CEPSH) of *Universidade Federal de Santa Catarina* (UFSC) and approved according to protocol N° 2406/2011. In order to guarantee the anonymity of the interviewees, their names were replaced by the letter N, which means "Nurse", followed by the year of admission to MB.

We used thematic data analysis, which allowed us to find a sense nucleus in the communication of the researched subject, whose presence is meaningful for the objective.¹² Thus, after careful reading of the material collected, data was grouped in an organized way and interviews were ordered by related topics; raw data was interpreted and transformed into three categories: insertion of the military nurse in the MB and its conquests over the years; contribution of military nurses to the Brazilian Navy and professional training; and the meaning of being a woman, a nurse, and a military man.

RESULTS

THE INSERTION OF THE MILITARY NURSE IN THE BRAZILIAN NAVY AND ITS ACHIEVEMENTS OVER THE YEARS

The insertion of women in the MB in 1980, through the creation of the CAFRM, caused many changes in an institution historically dominated by men. Amid the changes that have taken place, many conquests have been achieved, which have contributed to minimize gender inequalities.

The results of this study point out that, among the achieved conquests, scientific knowledge, through the feasibility of training courses and professional improvement such as Master's and doctoral courses, contributed to the achievement of other important conquests related to women's knowledge/power in the MB. The following statements demonstrate this conquest:

When I left the Naval Hospital Marcílio Dias to pursue my Master's degree, for the first time in the history of military nursing, I had a passing graduation from command of a woman. So you see that when graduation is achieved, that is something important for the military milieu. This already shows that there had been a breakthrough, a recognition (N1-1981).

This scenario allowed the conquest of social rights and the occupation of higher positions of command by the female contingent of MB, historically occupied by men.

It is still an achievement, we are very young yet, but I think we have already gained a lot of space, since we came in, there are women running OMs, many women in my class were directors, women on board, not effectively, but sporadically. I have a medical colleague who went to Antarctica, so, well, women are gaining space and this is but a conquest (N4-1981).

These and other mishaps were faced by MB pioneers, who ventured into jobs predominantly occupied by men. Despite

resistance to gender equity, these women faced the obstacles and sought constant overcoming. The fact that women can perform the same activities as men has been configured as a great conquest, as denoted in this speech:

The female cadre had some restrictions, we could not carry a gun, so we could not serve in the state room, and that at least bothered men because we were privileged for them, and you know that, us being human, it is always for trouble if the other one is better. And this was eventually happened, we went to work in the state room, then changed the uniform, because we had a different one, the color was different to come out (N6-1981).

Historically, identification of Nursing has been linked to sexist stereotypes, such as angels and flowers, that imprints a certain fragility on military women and is a way of reaffirming an identity far removed from professionalism and a posture of political engagement.

Our symbol was a flower with an anchor inside, which at first, to give a face to the women who were arriving, was cool, it was interesting at first, but then it no longer had any sense, it was kind of demoralizing, for what we had to conquer, for the space that we wanted to have, a flower did not say what we were, it did not symbolize what people were. I think that having replaced the CAFRM by the corps of health support, having joined together with all other cadres, Nutrition, Physiotherapy, Psychology, Speech Therapy, and Pharmacy strengthened everyone and joined us all, men and women. So I guess we won, even if we lost at that moment, and we lost a lot (N5-1993).

Reports show that, at first, nurses endured certain derogatory manifestations of the position of military woman, so that growing occupation of space could occur. MB nurses, from work based on scientific knowledge and political articulation have, over the years, gained recognition of their knowledge as treated in the next category.

THE CONTRIBUTION OF MILITARY NURSES TO THE MB AND VOCATIONAL TRAINING

The creation of CAFRM, in 1980, whose objective was to employ female labor in health, administrative and technical activities, seeking to meet the human resources needs, in the case of nurses, demonstrates the usefulness of this workforce, elevated in the military realm mainly for performing socially and culturally feminine activities, a situation portrayed by the following lines:

Things were very hard, very square, very narrow and we, as women, brought a cleaner environment, we widened the horizon. We gradually humanized the space where we walked in (N5-1993).

Women brought professionalism, I think there was a significant increase in the professional level, especially among enlisted personnel, because we had a formation in the navy of enlisted personnel that were the Schools of Apprentice-Mariners. They all came from there and were divided into corporals and then those who did not have a good grade to take the other courses chose Nursing. Today, you practically cannot find enlisted people without a university title, or you are studying or finishing, because the professional level has increased a lot (N7-1988).

In addition to the intellectual development of the Navy professionals, there is no doubt how important were the contributions to professionalization and scientific knowledge of Nursing in MB. For that, it is known that female military nurses had to study, to share knowledge, since the "power" hitherto assumed by them was directly related to "knowledge", issues that are closely related, above all, to the military environment.

According to the statements it is possible to reveal how much the military nurses with their knowledge/power contributed to the professionalization of the Nursing in MB. Also in this area, regarding contributions to the Navy, with the entry of military women, the improvement of assistance is highlighted, by hiring more professionals and structuring the HNMD.

Women in the first class were very important, because we did the dirty work, nurses' deficiency was very large, to get an idea there was a nurse in each ward and when we arrived, there were seven, five military and two civilians. Ah! Doctors also enriched HNMD, improved the structure, several sectors and clinics were opened with the arrival of women (N4-1981).

In addition to female nurses, other female professionals were also included in the military environment. Thus, nurses reported that, although young and newly formed, they have already entered the military with a distinctive look, valuing the importance of teamwork and surpassing in the activities of Nursing care management.

THE MEANING OF BEING A WOMAN, NURSE AND MILITARY

In this study, the female universe is still portrayed with a focus on sexuality, fragility and sensitivity. Even with the disput-

ed discussions and changes in the sphere of feminine life, prejudices remain rooted in the social understanding. Thus, women are shown in the spaces of work as follows:

Society already demands a lot of women, because they have to manage their homes, if they work out they will obviously act as professionals, be military, that is, they get more drawn in the matter of schedules, more scarce in family relations, in connection to leisure, and nurse too, because it is that matter of always being in order, of keeping an eye, taking care of everything and everyone who is subordinate to you (N2-1981).

Society, marked significantly by the male model, presents difficulties for the insertion of women in the military environment, as can be seen in the following testimony:

Other type of discrimination that we suffered, and of which an improvement only occurred with the Constitution of 1988, was that the military married men earned 30% more housing aid and we women, even married, did not earn that 30%. There was wage discrimination, because it was considered that the head of the couple was the man, so we military were women, men did not look at us as military, as officers, but as women (N6-1981).

In the testimonials, it is noted that, despite the real difficulties and discrimination, they feel gratified by the selection and professional choice.

If I got anything it was through the Navy and through my profession, I love my profession, I think it is one of the most beautiful and less valued professions, because of us and also because we still have that self-denial thing and in fact, we are professionals [...] (N7-1988).

Serving as a nurse of the Navy gives the essential condition for the accomplishment of the professional being. The political and economic issues of the country strengthen the idea of making the right choice for professional development. These women recognize themselves as strong, capable, victorious, precisely because they are women, nurses, and military.

DISCUSSION

The creation of the *Sistema de Saúde da Marinha* (SSM) had as its main motive the priority support for military operations. However, in the current historical context of a peaceful moment, both in the geographical scope of the continent and in international relations, such a system turns to its subsidiary

task of assisting ordinary health, defined as Assistência Médica Hospitalar (AMH), provided to all SSM users, organized in a regional, hierarchical and integrated manner, regardless of the rank or degree of the assisted.¹³

Group identities are an inevitable aspect of social and political life, and the two are interconnected because group differences become visible, outstanding, and problematic in specific political scenarios. It is in these moments – when exclusions are legitimized by group differences, when economic and social hierarchies favor certain groups over others, when a set of biological, religious, ethnic or cultural characteristics is valued relative to others – that tension between individuals and groups emerges. Individuals for whom group identities were simply dimensions of a multifaceted individuality are fully determined by a single element: religious, ethnic, racial, or gender identity.¹⁴

The definite closure of the CAFRM and the restructuring of MB Corps and Boards of Officials and Enlisted Personnel in 1997 made it possible to recognize the parity of female Officials and Enlisted personnel with male Officials and Enlisted personnel, resulting in better prospects in the female military career and the conquest of direct equivalent to those of male military.¹⁵

Although the Western world allows women access to almost all professions and occupations, inequalities, stereotypes and prejudices still persist. Wage distinction between men and women is still present today in society in different sectors of the labor market, a struggle that perpetuates and which the deponents of the study were part of.¹⁶

Historically, the identification of Nursing has been linked to sexist stereotypes, such as angels, and in the case reported in MB, as a flower, being a way of reaffirming an identity far from professionalism and a posture of political engagement. This situation keeps women as people who exercises a sacred occupation and serves to remove her from the professional aspect, justifying the low salaries and the low social context *status* that has marked Nursing throughout the history.¹⁷

In this way, it was noticed that, although Nursing in MB was born as an ancillary work, without scientific basis, it became an essential profession to the health service, forming a body of complex and proper knowledge and agglutinating knowledge of diverse areas, which impacted on the quality of health care provided.¹⁸ Prior to CAFARM they were civilian nurses working in MB, subordinate to military men. The trajectory of appreciation of women's work began only from the permanence and changes of interrelated factors, such as economic, demographic and family context.¹⁹ Historically, the search for women by command positions in general is still very small, and it is no different in military institutions. However, with the insertion of women into the FAs, they began to assume a leadership position, as a result of their knowledge and power, of the hierarchical position reached during their career.²⁰ In order to think about the rela-

tion between nurse and military women, we need to glimpse the course of struggles for the autonomy and recognition of women as constructive subjects and participants in the social, political and economic delineations of the country.

HNMD was the learning cradle of military nurses and today it is a reference hospital of the FAs, for its human resources, technological and the excellence of service provided to SSM users.²¹ Nursing assistance provided in a military environment follows the same ethical and legal precepts of the profession: in any place where it is performed, it is sought to have a critical and scientific look, aiming at a care differentiated to the military, in times of war or peace.²²

Discussions regarding the Brazilian Constitution, the *Maria da Penha* Law, among other actions in the media, were spaces in which the Brazilian feminist movement was present to bring about new perspectives of respect and feminine recognition in society. However, women's social understanding as a producer of goods and services, as a partner in the care of the family, has not been established so easily. There is a need to change paradigms and even the training and education of girls and boys.

The punctual collection of female responsibilities with the work is evident, and integrating these identities (woman, nurse and military) is something intrinsic to the feminine universe. This is because the participants in this study were women, who entered two professional spaces: one strongly female and the other strongly male. In this case it is important to reflect on the aspect of the cultural meanings of sexist differences, punctuating the hierarchical relations.²⁰ On the one hand, Nursing, a profession historically built and developed by women, centralizing care in emotional, psychological and humanitarian aspects; on the other, to be military, which brings in its scope strength, power and masculinity. Amid this tumultuous panorama of idealism and social rationalization, women and nurses are inserted and enter previously predominant male occupational spaces. From this perspective, the female nurse in the military corps, specifically in MB, occupied this space in the 1980s, when legislation was pertinent to gender equality; however, there were patent distinctions, time to set them up and activities conferred on women.⁴

Feminization of the military corps of the Navy shows itself in a prejudiced context, when participants indicate discrimination in the administrative aspects and distribution of activities, regarding the use of weapons and surveillance as a men's task, for example. The speeches highlighted the lack of organization and a structured policy of these new military members. Discriminatory signs are due to the sociocultural history of men, not the institution. Some studies bring to light the process of adaptation, or non-adaptation, by military men to the presence of women in the Navy, characterized by the difficulty of some of them in supporting female participation.⁸

Recently, after a long period of limitations on the development of activities and the rise to high-ranking positions, in November 2012 President *Dilma Rousseff* signed the promotion of Rear Admiral (Md) *Dalva Maria Carvalho Mendes*, the first woman to hold office of General Officer of the Brazilian FAs. In this way, MB reaffirms its originality and pioneering in the insertion of women in the military.⁹

It is also noted that many past difficulties have been overcome and that the military woman has been increasingly accepted in this territory traditionally ruled by men. It is necessary, however, to emphasize that the space currently occupied by women in MB has been marked by conquests over the years, considering the difficulties of insertion in a typically masculine universe, permeated by hierarchical relations well delimited between superiors and subordinates.

FINAL CONSIDERATIONS

In this study, the analysis was made by broadening the socio-historical reality of women in the world of work and in their scientific and disciplinary contexts. From this perspective, it can be said that the historical knowledge about CAFRM's military women is neither a faithful document of the reality experienced nor ample enough to document the real and only condition experienced by the nurses during the period studied. This knowledge helps to understand the historical process from which the genre is produced and is based on the search for better ways of faithfully documenting the reality of life.

It was concluded that, in addition to contributing to a more feminine environment to the Brazilian Navy, military nurses, with their conquests, also contributed to the knowledge of professionals in the Navy, mainly for the professionalization of Nursing.

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