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# The body for the work of shellfish gathering women and the meaning of obesity

## *O corpo para o trabalho de marisqueira e o significado da obesidade*

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### ABSTRACT

#### Objective

To understand the relationship between the body and the work of female shellfish gatherers from Island Itaparica, Bahia, Brazil, from the food perspective.

#### Methods

Qualitative, descriptive, analytical approach. Individual in-depth interviews were conducted, and the field diary was adopted as an essential tool for immersion in the theme-field. The analysis of the narratives was based on approximations with hermeneutics-dialectics.

#### Results

The participants of this study are Black women and mothers aged 20-72 who employ shellfishing as a family support strategy. Shellfishing is an activity intrinsic to small-scale fisherwomen, in which learning occurs in childhood and continues throughout life. Shellfish gatherers have compromised physical mobility due to overweight or derived conditions. Fisherwomen do not consider their bodies obese or sick despite a possibly limited movement.

#### Conclusion

The female shellfish gatherers in this study classify the "fat body" as a strong body and consider it essential and conducive to carrying out activities inherent to fishing work.

**Keywords:** Health. Obesity. Social stigma. Women.

### RESUMO

#### Objetivo

Compreender a relação entre o corpo e o trabalho de marisqueiras da Ilha de Itaparica, Bahia sob a perspectiva da alimentação.

#### Métodos

Abordagem qualitativa, descritiva, de caráter analítico. Foram realizadas entrevistas individuais em profundidade e adotou-se também o diário de campo como uma ferramenta importante para o processo de imersão no campo-tema. A análise das narrativas se deu a partir de aproximações com a hermenêutica-dialética.

**Resultados**

*As participantes deste estudo são mulheres negras e mães, com idade entre 20 e 72 anos que encontram na mariscagem uma estratégia para o sustento familiar. A mariscagem é uma atividade intrínseca às pescadoras artesanais, na qual o aprendizado ocorre ainda na infância e se mantém ao longo da vida. As marisqueiras apresentam o comprometimento da mobilidade física decorrente do excesso de peso ou pelas condições derivadas. As pescadoras não consideram seus corpos obesos e/ou doentes, apesar da possibilidade de limitação na movimentação.*

**Conclusão**

*As marisqueiras deste estudo classificam o “corpo gordo” como corpo forte e o consideram essencial e propício para a execução das atividades inerentes ao trabalho pesqueiro.*

**Palavras-chave:** Saúde. Obesidade. Estigma social. Mulheres.

## INTRODUCTION

Brazilian small-scale fishing occurs practically all over the country and has several complex specificities involving socioeconomic, political, institutional, and environmental factors [1]. Fishermen perform it as a method of subsistence – a food, employment, and income source – and social reproduction, based on family organization as a productive system inscribed in traditional cultural practices, founded on a local and durable network of fish production, with its tasks and divisions of labor [2]. The Brazilian Ministry of Fisheries and Aquaculture data indicates that the General Register of Fishing Activities accredits more than 1 million small-scale fishermen [3].

Shellfishing is a small-scale fishing category characterized by shellfish collection in coastal areas, performed predominantly by women known as marisqueiras – connoisseurs of the waters, mangroves, and their fruits [4]. Their dietary practices are anchored in their knowledge and skills, the use of resources from mangroves, the sea, the sandbank, the rivers, and the lagoons [5].

Although small-scale fisherwomen directly access high-nutritional-value foods from shellfishing, an exclusive fish-based diet cannot guarantee a nutritionally adequate diet [6]. Considering variety, regionality, and sustainability, it is necessary to consider the consumption of foods from other groups and the dietary volume and frequency [7].

Poor diet is one of the main risk factors related to the global burden of disease [8]. Consumption of dubious-quality or unhealthy food can result in specific nutritional deficiencies, hunger, malnutrition, overweight, obesity, and chronic Non-Communicable Diseases (NCDs) [9].

NCDs correspond to the group of cerebrovascular diseases, cardiovascular diseases, dyslipidemia, diabetes mellitus, obstructive respiratory diseases, and neoplasms that account for a significant percentage of the years of life lost due to disability and reflect living conditions and access to health services [10], where nutritionally inadequate diet is one of the leading behavioral risk factors for becoming ill with such diseases [11].

Obesity is a public health problem and a highly prevalent NCD. It is defined as a multifactorial nutritional and metabolic disorder [12] in which the accumulation of fat mass is associated with an imbalance between food intake and energy expenditure [13].

The obese body is constantly associated with low productivity in the workplace due to the comorbidities resulting from obesity that compromise job performance, which adversely affects the female population, reducing their participation in the workforce [14]. With this in mind, this study aimed to understand the relationship between the body and the work of shellfish gatherers on the island of Itaparica, Bahia, Brazil, from the diet's perspective.

## METHODS

This research was conducted on the island of Itaparica, Bahia, Brazil, and adopted a qualitative, descriptive, and analytical approach to evaluate female shellfish gatherers' diet, work, and health. Qualitative research works with a universe of senses, meanings, motives, aspirations, beliefs, values, and attitudes, corresponding to a scientific approach focused on relationships, processes, and events [15].

The empirical universe was formed using the snowball technique, a non-probability sampling method that employs a network of references and referrals [16]. Thus, the research started with a female shellfish gatherer selected by the researcher as a key informant, who indicated other peers to participate in the study, and so forth. The respondents met the inclusion criteria: age 18 or over, being registered with a fishermen's colony, and living and working as shellfish gatherers on the island of Itaparica.

The individual in-depth interviews were held from April to June 2022 at the most convenient place indicated by the female shellfish gatherers in a single session lasting an average of 50 minutes. They were based on a previous roadmap with semi-structured questions that addressed dietary practices, working conditions and health status, and data on socioeconomic and cultural conditions aligned with the research objective.

The semi-structured interview roadmap allowed for flexibility in the conversations, facilitating the absorption of new themes brought up by the respondents, which were relevant to the research [17]. The interviews were recorded using a smartphone audio app and transcribed, preserving words, records of the 'unsaid' (contextual aspects, fluctuations in tone of voice, volume, emphasis, pauses, interruptions, encouragement, slang, laughter, and emotional elements that emerged in the dialogue) [18].

The field diary was also adopted as an essential tool for immersion in the theme-field of research [19], given the moments spent in the field monitoring the shellfishing process, during which informal collective conversations occurred.

The fusion of meaning horizons revealed a narrative sufficiency and was coherent with the objectives proposed in this research. "This encounter of subjectivities here is understood as something that moves with the subjects and invites them to continue evoking meanings, preserving the validity of something previously given and is the indicative point for finalizing the interviews" [20, p. 250]. In this study, after repeated readings, the narratives of 14 female shellfish gatherers were categorized by similarities and differences in the meanings attributed to the object of study. Analyzing the narratives was based on approaches to dialectical hermeneutics, as it is a theoretical-methodological approach that offers guidelines for understanding the meaning of human communication [20] and other theoretical contributions from the social and health sciences.

All the participants in the study signed the Informed Consent Form. The criteria determined by Resolution N° 466/12 of the National Health Council, which addresses human research, and Resolution N° 510/2016, which provides for the rules applicable to research in humanities and social sciences, were observed. The research was approved by the Human Research Ethics Committee of the UFBA Faculty of Medicine (Opinion N° 5.290.025).

## RESULTS AND DISCUSSION

The participants in this study are Black women and mothers aged 20-72 engaged in shellfishing to support their families. Besides the income generated by fishing, the female shellfish gatherers receive government aid (Family Aid and Closed Fishing Season Aid), and those who are old enough to retire receive the benefit that becomes their primary source of income – but shellfishing remains a permanent income-generating opportunity, as revealed in the narratives.

The women studied worked 10-12 daily hours in this fishing activity in substandard conditions and with intense physical effort. Besides shellfishing, they were responsible for controlling the household budget, cooking, organizing and cleaning the family environment, and looking after the children – aspects that show women’s centrality in household management and highlight matrifocality among this population.

### **I am a shellfish gatherer**

Shellfishing is an activity that stands out for fisherwomen because of the knowledge they acquire in daily practice and the oratory that allows them to perpetuate the activity, making it the primary source of subsistence for this population, as can be seen in the narratives below:

“I was born and raised as a shellfish gatherer, raised in the salty waters, getting my food and livelihood from the tide” (Carminha, 72).

“I learned shellfishing from my mother. She used to take me to the tide when I was 10, and that’s how I raised my children. I supported myself all my life by shellfishing” (Yolanda, 70).

Small-scale fishing begins in childhood and is a common feature of traditional communities’ way of life [2, 4]. This process is essential insofar as it enables the transmission of knowledge between generations and guarantees a profession that provides a livelihood [21].

The involvement of women in small-scale fishing dates back thousands of years. It stands out for its diverse activities, such as catching and processing fish, gutting and filleting, processing, and marketing [3].

Extractive fishing for female shellfish gatherers is considered of secondary value and seen as an extension of domestic work, unlike that practiced by fishermen, who perform a more prestigious and profitable activity [22, 23]. However, women’s work is essential for maintaining the fishing chain. Notwithstanding this, it is made invisible by the place of gender, the asymmetry of the unequal and hierarchical sexual division, and issues related to ethnicity and regionality in this process [24].

“Women go out to catch shellfish and collect, prepare, and sell them. The men go pole fishing, trawling, diving” (Marizeth, 39).

“Shellfishing is a woman’s job. We get into the mangroves, in the mud, on the slabs: only women can do that” (Ieda, 20).

Given this setting, shellfishing is characterized as a female activity, while fishing is a male activity. Gender is an axis of “socioeconomic and cultural injustice” and is used as a marker of productive and reproductive work. Gender inequality at work affects women more objectively regarding wages, opportunities, treatment, and labor rights [25].

From the wisdom and knowledge acquired from their parents and ancestors about the ways of shellfishing, the shellfish gatherers feel a sense of pride and affection for their profession, besides belonging, which represents the ties that bind these women to shellfishing and the environment where they live and work, which results in motivation to engage in the fishing activity and makes the knowledge surrounding this activity last.

“I’m very proud to be a shellfish gatherer. I love spending my days at sea fishing” (Marta, 53).

“Shellfishing is inside me. I was brought up that way. I don’t leave the tide. I like being on the tide” (Yolanda, 70).

“We never stop being shellfish gatherers; the tide is our second home” (Maria, 57).

Pride is one of the strong expressions used among female shellfish gatherers to express the feelings evoked by fishing, their affection for this work, and everything related to it [23]. Although they feel proud to be shellfish gatherers, as Ruth and Edna said, many express the lack of other work alternatives and the desire for a more profitable activity that promotes a more dignified life and well-being.

“I didn’t study much, and I’ve always worked as a shellfish gatherer. I don’t have any other profession; it’s just this one” (Ruth, 42).

“I didn’t get a degree. I didn’t study much. I wouldn’t probably be here if I had. I’d have another job and be living better” (Edna, 62).

The female shellfish gatherers’ narratives show little access to formal education. This fact limits the possibility of breaking the cycle of working with shellfishing as their main survival strategy, prevents these women from entering the formal labor market, and compromises their access to better living conditions.

Female shellfish gatherers still have low schooling levels and substandard working conditions [26]. Shellfishing is mainly characterized by being a traditional, low-paid, small-scale job performed primarily by women with little education [4]. Given the mentioned above, the narratives also reveal discontent with the activity due to social invisibility, the denial of their rights, unequal relationships, and their professional and economic devaluation context, despite the knowledge acquired through shellfishing and the pride the female shellfish gatherers express in their work.

### **The fat body is the working body**

From the health sciences perspective, the obesity of female shellfish gatherers is a problem because it is a significant risk factor for developing NCDs [27]. This study also showed the impaired physical mobility caused by being overweight or its resulting conditions (arthritis, arthrosis, and excessive fatigue), as Judith (40 years) observed:

“The pain I feel in my body concerns this fat. My legs feel heavy. It would be easier to shellfish if I were thinner”.

When Judith says that being overweight compromises the body’s mobility, she tends to approach the perspective of the biomedical sciences, which classify a body with a BMI greater than

or equal to 30 kg/m<sup>2</sup> as obese [28] and, therefore, a sick body to be treated. However, this is not how it is understood.

The small-scale fisherwomen on Itaparica Island with elevated body weight do not consider their bodies obese or sick despite the possible limited mobility. They see the weight and volume of their bodies as strength at the service of their work, given the high physical demands of shellfishing, as seen in Maria's (57 years) narrative:

"Fat is someone who can't walk, lift a leg, move around, can't do anything because they have a heavy body. I'm not fat. I have a bit of extra flesh, but that's not fat. It's what sustains my body so it can handle the work."

"Fat is someone huge, whose body is so heavy that they can't do anything. They can't sweep a house, stand at the sink and the stove, and go out on the tide" (Lídia, 39).

Obesity is synonymous with illness and, therefore, something far removed from their bodies because they carry a strong and vigorous body for work, comparable to health and vitality. Maria's body is the ideal size for living and making a living. The sizes of the female shellfish gatherers' bodies are appropriate for shellfishing, per the social group's understanding.

"The 'experience' is something that man accepts and admits as true in himself" [20, p. 361]. Thus, the experience of these women's bulky bodies is how they know about themselves. If obesity is not perceived as a problem for work, it is also not perceived as a health problem nor a predisposition to the emergence of NCDs.

The shellfish gatherers understand their "fat bodies" or "strong bodies" as a "state" of being. Furthermore, they do not associate their fat bodies with a direct food influence, as they understand their physical constitution as an inherent, natural, and necessary condition of their people's way of living and working.

They believe their body's overweight is not only a prerequisite for shellfishing but also informs them of the absence of hunger in their homes and is synonymous with beauty, as can be seen in the voices of these women of the waters:

"The abundance of my body is because of the abundance in my house. I don't go hungry" (Márcia, 49).

"I've always been full-figured [...] it runs in the family. It's really maintenance. My body is like this. I eat very little" (Virgínia, 47).

"If I lose weight, I'll look weak and ugly. I like my body, my flesh... I'm beautiful as I am" (Lucinha, 52).

These women's reading of their bodies reveals two antagonistic food conceptions. They simultaneously understand overweight as a natural attribute of human existence and this body as an expression of food abundance.

If this is how their condition is understood, how can science get closer to the female shellfish gatherers and their daily lives? The voices of the respondents have already revealed that their horizons of understanding are far removed from what the scientific literature says about the obese body because some symbolic level values naturalize and positively validate body fat. So, how could they seek health treatment? Treat what? What do the dietary prescriptions offered mean to them?

Here is a problem in the approach and language: a contradiction between medical and nutritional prescriptions and how subjects of the study exist:

“The doctor said I had to go on a diet to lose weight and gave me a list of things I couldn’t eat. He immediately took away flour and bread, filling my stomach. I don’t know what to do because it’s expensive, and I can’t eat what I have at home, which is the cheapest. What do I do?” (Cida, 49).

“The doctor told me to go to a nutritionist. I put my name on the waiting list, and when I got to the appointment, she told me I couldn’t eat many things and gave me a diet full of expensive things to buy” (Edna, 62).

The narratives above reveal gaps between what is prescribed and the reality of the female shellfish gatherers: “Science does not reach the world of life, which represents the prior soil of all experience” [20, p. 251]. In other words, health professionals disregard the context of the female shellfish gatherers’ lives with their singularities.

In the same way they did not see Edna and Cida, these women did not recognize the prescribed foods as life and health-preserving. From the perspective of comprehensive health care, nutritional care must consider humanitarian elements, understanding that an individual has subjective, cultural, social, and historical dimensions. Care must be thought of in a particular way, unlike medical-curative care, centered on the disease and legitimizing practices [29]. In this case, we see a lack of understanding of the eating habits of female shellfish gatherers.

How can the female shellfish gatherers understand the need to care for themselves if the food care proposals are intangible? Considering comprehensiveness in its doctrinal role as one of the *Sistema Único de Saúde* (SUS, Unified Health System) principles, health care must consider the individuals’ geopolitical, territorial, and historical-social context. In this respect, nutritional care is fundamental to achieving comprehensive healthcare. However, as was seen in Cida and Edna’s experiences, gaps related to the determinants and conditioning factors of the health-disease process need to be overcome [30, 31].

The possible access to health services is one of the aspects that improves a population’s morbimortality profile, especially socially vulnerable groups. In the case of female shellfish gatherers, access to public health services was guaranteed. However, the lack of person-centeredness in prescriptions revealed an exclusionary health service, creating a desire for these women to distance themselves from the health sector.

Refraining from considering the specificities of their income and life’s sociocultural aspects has ruled out the possibility of resolute, comprehensive, and equitable healthcare. The approach and language professionals use should be consistent with the socioeconomic and educational level of the population being served and observing aspects of the culture that permeate people’s eating practices [32,33].

## CONCLUSION

This study revealed that shellfishing is a timeless activity integrated into the lives of female shellfish gatherers. These women classify the “fat body” as a strong body and consider it essential and conducive to performing the activities inherent in fishing work. However, the results also show that the fisherwomen have limitations in shellfishing due to their overweight bodies.

The results also show that although female shellfish gatherers access health services, it is challenging, and the services are suppressive for this population, which reveals a lack of person-centeredness and causes these women to disperse from the health sector.

Based on the evidence presented, there is a need for government action in health to produce an inclusive approach to healthcare that considers and prioritizes the specificities of small-scale fishing workers, especially female shellfish gatherers. This study's limitation was the need for more studies on this subject with this population. We expect that the results presented will contribute to strengthening the scientific field on the topic.

## REFERENCES

1. Conceição LCA, Martins CM, Araújo JG, Rebello FK, Santos MAS. A pesca artesanal e os agravos à saúde do pescador do município de Curaçá, estado do Pará, Brasil. *Sustinere*. 2021;9(1):103-17. <https://doi.org/10.12957/sustinere.2021.49276>
2. De Oliveira JPG, Bezerra ACV. A reprodução da pesca artesanal no território da comunidade quilombola de São Lourenço, Goiana (PE) e sua relação com a saúde. *Pegada On line*. 2021;22(3):69-92. <https://doi.org/10.33026/peg.v22i3.9050>
3. Souza ES. A participação das mulheres na atividade pesqueira. *Mares*. 2022;4(2):19-26.
4. Silva RA, Nery AA, Pena PGL, Rios MA, Paula RP. Sintomas musculoesqueléticos em catadoras de mariscos. *Rev Bras Saúde Ocup*. 2021;46:e4. <https://doi.org/10.1590/2317-6369000020819>
5. Silva HRC, Menezes SSM. As geograficidade dos alimentos nas comunidades tradicionais pesqueiras de Brejo Grande/SE. *Geograficidade*. 2021;11(1):19-35.
6. Bezerra DP, Silva DGKC, Silva JPC. Perfil nutricional e consumo alimentar de pescadores. *J Health Sci Inst*. 2018;36(1):129-35.
7. Corrêa NA, Silva HP. Da Amazônia ao guia: Os dilemas entre a alimentação quilombola e as recomendações do guia alimentar para a população brasileira. *Saúde Soc*. 2021;30(1):e190276. <https://doi.org/10.1590/S0104-12902021190276>
8. Bortolini GA, Oliveira TFF, Silva SA, Santin RC, Medeiros OL, Spaniol AM, et al. Ações de alimentação e nutrição na atenção primária à saúde no Brasil. *Rev Panam Salud Publica*. 2020;44:e39. <https://doi.org/10.26633/RPSP.2020.39>
9. Barbalho EV, Pinto FJM, Silva FR, Sampaio RMM, Dantas DSG. Influência do consumo alimentar e da prática de atividade física na prevalência do sobrepeso/obesidade em adolescentes escolares. *Cad Saúde Colet*. 2020;28(1):12-23. <https://doi.org/10.1590/1414-462X202028010181>
10. Melo SPSC, Cese EAP, Lira PIC, Rissin A, Cruz RSBL, Batista Filho M. Doenças crônicas não transmissíveis e fatores de risco associados em adultos numa área urbana de pobreza do nordeste brasileiro. *Ciênc Saúde Coletiva*. 2019;24(8):3159-68. <https://doi.org/10.1590/1413-81232018248.30742017>
11. Ministério da Saúde (Brasil). Plano de ações estratégicas para o enfrentamento das doenças crônicas e agravos não transmissíveis no Brasil 2021–2030. Brasília: Ministério da Saúde; 2021 [cited 2023 Jan 30]. Available from: [https://www.gov.br/saude/pt-br/centrais-de-conteudo/publicacoes/svsa/doencas-cronicas-nao-transmissiveis-dcnt/09-plano-de-dant-2022\\_2030.pdf](https://www.gov.br/saude/pt-br/centrais-de-conteudo/publicacoes/svsa/doencas-cronicas-nao-transmissiveis-dcnt/09-plano-de-dant-2022_2030.pdf)
12. Neves SC, Rodrigues LM, São Bento PAS, Minayo MCS. Os fatores de risco envolvidos na obesidade no adolescente: Uma revisão integrativa. *Ciênc Saúde Coletiva*. 2021;26 Suppl 3:4871-84. <https://doi.org/10.1590/1413-812320212611.3.30852019>
13. Bogossian T, Ribeiro CHV, Chaves R, Rosa A. Impactos da obesidade no ambiente hospitalar: O caso do enfermeiro. *Glob Acad Nurs*. 2020;1(1):e5. <https://doi.org/10.5935/2675-5602.20200005>
14. Lucas MS, Favoretto CK, Bondezan KL. Impacto da obesidade adulta no mercado de trabalho brasileiro: Uma análise das diferenças entre homens e mulheres. *Econ Soc*. 2023;1(77):225-58. <https://doi.org/10.1590/1982-3533.2023v32n1art10>
15. Mussi RFF, Mussi LMPT, Assunção ETC, Nunes CP. Pesquisa qualitativa e/ou quantitativa: Distanciamentos, aproximações e possibilidades. *Sustinere*. 2019;7(2):414-30. <https://doi.org/10.12957/sustinere.2019.41193>

16. Borckoni BRS, Gomes AF. A amostragem em *snowball* (bola de neve) em uma pesquisa qualitativa no campo da administração. *Rev Ciênc Empres UNIPAR*. 2021;22(1):105-17. <https://doi.org/10.25110/receu.v22i1.8346>
17. Rafagnin MSS, Madruga MN, Furtado DS. Instrumentos para pesquisa social: Noções básicas. *RJLB*. 2020;6(4):2137-54.
18. Guazi TS. Diretrizes para o uso de entrevistas semiestruturadas em investigações científicas. *Revista Educação, Pesquisa e Inclusão*. 2021;2(1):1-20. <https://doi.org/10.18227/2675-3294repi.v2i0.7131>
19. Kroef RFS, Gavillon PQ, Ramm LV. Diário de campo e a relação do(a) pesquisador(a) com o campo-tema na pesquisa-intervenção. *Estud Pesqui Psicol*. 2020;20(2):464-80. <https://doi.org/10.12957/epp.2020.52579>
20. Gadamer H-G. Verdade e método. 3rd ed. Petrópolis: Editora Vozes; 2015.
21. Abreu JS, DI Beneditto APM, Martins AS, Zappes CA. Pesca artesanal no município de Guarapari, estado do Espírito Santo: Uma abordagem sobre a percepção de pescadores que atuam na pesca de pequena escala. *Soc Nat*. 2020;32(1):59-74. <https://doi.org/10.14393/SN-v32-2020-46923>
22. Rêgo RF, Müller JS, Falcão IR, Pena PGL. Vigilância em saúde do trabalhador da pesca artesanal na Baía de Todos os Santos: Da invisibilidade à proposição de políticas públicas para o Sistema Único de Saúde (SUS). *Rev Bras Saúde Ocup*. 2018;43 Suppl 1:e10S. <https://doi.org/10.1590/2317-6369000003618>
23. Cidreira Neto IRG, Rodrigues GG, Candeia ALB. Pesca artesanal: Identidade e representatividade da mulher pescadora. *Cad Gên Tecnol*. 2020;13(42):62-76. <https://doi.org/10.3895/cgt.v13n42.10577>
24. Vieira NC, Reis MHA, Santana JD. Relações de gênero e geração nas atividades de pesca artesanal dos/as jovens pescadores/as da Amazônia Oriental, Brasil. *Cad Gên Tecnol*. 2021;14(43):22-36. <https://doi.org/10.3895/cgt.v14n43.11732>
25. Rufino VM, Torres TL, Zambroni-de-Souza PC. Gênero e trabalho na psicologia: Revisão sistemática e metanálise qualitativa. *Rev Psicol Organ Trab*. 2019;19(2):588-97. <https://doi.org/10.17652/rpot/2019.2.15124>
26. Silva NBA, Mendes ES, Oliveira WRR, Cruz TS, Viana MV, Araújo CPM, et al. Levantamento dos riscos ocupacionais de marisqueiras no Município de Raposa-MA. *Braz J Develop*. 2021;7(7):69628-44. <https://doi.org/10.34117/bjdv7n7-235>
27. Luz TC, Cattafesta M, Pertali GB, Meneghetti JP, Zandone E, Bezerra OMPA, et al. Fatores de risco cardiovascular em uma população rural brasileira. *Ciênc Saúde Coletiva*. 2020;25(10):3921-32. <https://doi.org/10.1590/1413-812320202510.36022018>
28. Malta DC, Silva AG, Tonaco LAB, Freitas MIF, Velasquez-Melendez G. Tendência temporal de prevenção da obesidade mórbida da população adulta brasileira entre os anos de 2006 e 2017. *Cad Saúde Pública*. 2019;35(9):e00223518. <https://doi.org/10.1590/0102-311X00223518>
29. Cunha CC. 'A gente não quer só comida': Integralidade na atuação interprofissional no cuidado da obesidade infantil. *Saúde Debate*. 2022;46(5):284-96. <https://doi.org/10.1590/0103-11042022E523>
30. Ferreira AA, Barros DC, Bagni UV. Avaliação nutricional na atenção básica à luz dos princípios que fundamentam a organização da atenção nutricional no Sistema Único de Saúde. *Cad Saúde Pública*. 2019;35(1):e00155719. <https://doi.org/10.1590/0102-311X00155719>
31. Laporte ASCM, Zangirolani LTO, Medeiros MAT. Atenção nutricional ao pré-natal e puerpério, na perspectiva da integralidade em um município da Baixada Santista, São Paulo, Brasil. *Rev Bras Saúde Mater Infant*. 2020;20(1):157-67. <https://doi.org/10.1590/1806-93042020000100009>
32. Dantas MNP, Souza DLB, Souza AMG, Aiquoc KM, Souza TA, Barbosa IR. Fatores associados ao acesso precário aos serviços de saúde no Brasil. *Rev Bras Epidemiol*. 2021;24:e210004. <https://doi.org/10.1590/1980-549720210004>
33. Oliveira RAD, Duarte CMR, Pavão ALB, Viacava F. Barreiras de acesso aos serviços em cinco regiões de saúde no Brasil: Percepção de gestores e profissionais do Sistema Único de Saúde. *Cad Saúde Pública*. 2019;35(11):e00120718. <https://doi.org/10.1590/0102-311X00120718>

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