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The experience of reproductive planning of female military firefighters

O vivido do planejamento reprodutivo de mulheres bombeiras militares

La experiencia de la planificación reproductiva de mujeres bomberas militares

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ABSTRACT

Objective: To understand the experience of reproductive planning of female military firefighter health professionals.
Method: Phenomenological research under the theoretical-philosophical and methodological framework of Martin Heidegger. Developed in Fire Department units in Rio de Janeiro in the first half of 2016, with 21 female military health professionals.
Results: Women expressed that it is necessary to work and manage roles. Therefore, they have to plan to have a child, due to the difficulty of managing all the tasks and reconciling motherhood with work. They think of a more comfortable situation to dedicate themselves to their children, since they are the main responsiblefor them.
Conclusions: Comprehensive health actions for military women need to be included in public policies, as it is a group that has been increasingly participating in an environment previously restricted to men and with their characteristics.
Keywords: Women. Women, working. Reproduction. Qualitative research.

RESUMO

Objetivo: Compreender o vivido do planejamento reprodutivo de bombeiras militares profissionais da saúde.
Método: Investigação fenomenológica sob o referencial teórico-filosófico e metodológico de Martin Heidegger. Desenvolvida em unidades de Corpo de Bombeiros do Rio de Janeiro no primeiro semestre de 2016 com 21 mulheres militares profissionais da saúde.
Resultados: As mulheres expressaram que é necessário trabalhar e conciliar os papéis. Por isso, têm que se programar para ter filho devido à dificuldade de administrar todos os afazeres e conciliar a maternidade com o trabalho. Elas pensam numa situação mais confortável para se dedicar aos filhos, sendo elas as principais responsáveis por eles.
Conclusões: Ações de saúde integral das mulheres militares necessitamser incluídas nas políticas públicas, pois é um grupo que vem participando cada vez mais em um ambiente anteriormente restrito aos homens e com características relacionadas a eles.
Palavras-chave: Mulheres. Mulheres trabalhadoras. Reprodução. Pesquisa qualitativa.

RESUMEN

Objetivo: Comprender la experiencia de planificación reproductiva de las bomberas militares profesionales de la salud.
Método: Investigación fenomenológica bajo el marco teórico-filosófico y metodológico de Martin Heidegger. Desarrollado en unidades del Cuerpo de Bomberos de Río de Janeiro en el primer semestre de 2016 con 21 mujeres profesionales de la salud militar.
Resultados: Las mujeres expresaron que es necesario trabajar y conciliar los roles. Por lo tanto, tienen que planificar tener un hijo debido a la dificultad de gestionar todas las tareas y conciliar la maternidad con el trabajo. Piensan en una situación más cómoda para dedicarse a sus hijos, ya que son los principales responsables de ellos.
Conclusiones: Es necesario incluir en las políticas públicas acciones integrales de salud para las mujeres militares, ya que es un grupo que ha venido participando cada vez más en un entorno antes restringido a los hombres y con características afines a ellos.
Palabras clave: Mujeres. Mujeres trabajadoras. Reproducción. Investigación cualitativa.

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INTRODUCTION

Women have been gaining more and more space in the labor market, including in professions and positions considered masculine, based on gender conceptions. In Brazil, they are mostly, college students and, mainly, linked to health areas. The historical and cultural attribution to the figure of women as caregivers reinforces the impact exerted by gender issues in which their greatest role is in the domestic scope and caring for the family[1].

When observing reproductive issues in the Brazilian scenario, considering changes in the sociocultural and economic scope, there is a decline in fertility rates and this is related to greater female participation in the labor market[2]. From this perspective, it stands out the occupation of spaces and positions by women in institutions that, historically, were positions occupied by men, as occurred in military institutions. At the international level, female insertion in times of peace, in the military space, took place around 1980 and, mainly, in the health area, through positions held by physician and nurses. Even so, they were a minority and excluded from the possibility of taking prominent positions in tactical operations, in leadership actions, in conflict resolution and in the promotion of peace in society[3].

Although women have conquered spaces in the military scenario, power and gender relations still stand out as a barrier to the exercise of their work activity, which can be observed when they are instigated to think that it is necessary to choose between family and military service to be part of these institutions[4]. Even so, the woman remains a reference for the responsibilities of the home and the family, and this implies her reproductive choices[5]. In this context, it has been observed that women follow some pathways in contemporary times, such as associating professional/public life with home/private life, overlapping them with tasks, deciding not to have children and dedicating to personal and professional projects, or still abandoning their career to fully dedicate themselves to the care of their children[6].

In view of this context of multiplicity of female social roles associated with issues of power and gender that permeate work in military institutions, it is important to direct the look at the sexual and reproductive health of military women and, in this study, focusing on reproductive planning of female military firefighter health professionals. From this perspective, considering an approach centered on women and their context of life and personal, family and work development, since the way women in contemporaneity recognize themselves in their world of life can influence what they want to experience in their reproductive life[7].

Reproductive planning is understood as actions that consider the exercise of sexual and reproductive rights, promoting the autonomy of men and women in regulating fertility through promotion, prevention and health education. This planning is an essential tool by offering guidance on contraceptives and promoting extensive and continuous care for all people who wish to plan their reproductive life[8]. So that investigating and understanding how women's reproductive planning takes place, considering the assumptions of sexual and reproductive rights, is a way to strengthen health practices for proper, free and informed choices for female empowerment and autonomy over fertility in a unique way[9].

Thus, the guiding question of the study is: how do women, health professionals, female military firefighters, mean reproductive planning? And as an objective, to understand the experience of reproductive planning of female military firefighter health professionals.

METHOD

Qualitative study with a phenomenological approach guided by the theoretical-methodological framework of Martin Heidegger. This philosopher begins the episteme that establishes the distinction between the factual dimension and the phenomenal dimension of the human in the world of life. Upon a comprehensive analytical movement, it allows, based on the expressed meanings, to access human experiences, understanding the singularity of the experienced phenomena and unveiling the meaning of the existential movement that expresses the link between the human being and their experiences[10–11].

Twenty-one military women from the multiprofessional health team of the Military Fire Department of the State of Rio de Janeiro (*Corpo de Bombeiros Militar do Estado do Rio de Janeiro* - CBMERJ), in the city of Campos dos Goytacazes/Rio de Janeiro (RJ) participated the research, including: dentists; oral health assistant; nurses; nursing techniques; social workers; physicians and psychologist. As an inclusion criterion, it was established the participation of military women from the CBMERJ multiprofessional health team, and as exclusion, professionals who were on leave or on vacation.

The number of participants was not previously established since in the qualitative approach and in studies of a phenomenological nature, what determines the end of the field stage is the goal of achieving the unveiling of the

object of study. The interviews were suspended and considered sufficient when the women's statements answered the guiding question, expressed meanings that revealed facets of the researched phenomenon and, as a result, enabled the achievement of the research objective by answering the guiding question. This was possible because the field stage and the analysis are developed at the same time, showing the sufficiency of meanings expressed in the participants' statements, and also because the action of quantifying is far from the qualitative studies method[12–14].

The phenomenological interview has its own characteristics for both the interviewee and the interviewer. The interviewee has his/her speech supported by the experience lived at some point in life. The researcher, on the other hand, needs to deepen into the facts in the discourse, describe it and catch the essential meaning of the lived experiences, which are the phenomenon itself. This attitude must be free of previous judgments for the unveiling of the being[15]. Which implies that, in Heidegger's theoretical approach, categorization is always *a posteriori*[11].

The selection of participants and the sampling took place randomly, voluntarily and intentionally through the Snowball technique, when one person indicates another[16]. The study setting was CBMERJ units: headquarter, where health teams that perform pre-hospital care work; the coordination side of these teams; a polyclinic and a dental clinic – which provide care for the military and their dependents. Codes and numbers according to the order of the meetings (M1, M2, and so on) identified the participants.

Data collection took place in the first half of 2016 through interviews in the phenomenological framework using the following research guiding questions: "How do you experience, or have you experienced the reproductive planning? What does it mean to you? How is it for you, woman, military, from health team, the reproductive planning?". The interviews were conducted in places chosen by the interviewees, or at home or in a private place in the work environment and without any burden for their work activities. The interviews were audio-recorded, listened, and carefully transcribed, which is the beginning of the analysis stage.

The analytical stage, based on the orientation proposed by Martin Heidegger, was developed in two methodical moments: first, the comprehensive analysis was built, also called vague and median understanding, which is presented through the constitution of meaning units (MU) when the subjects' experiences are presented by themselves as a set of meanings called essential. In the second methodical moment, the interpretative analysis was developed, also called hermeneutics, which allows to unveil, based on the interpretation of the experienced phenomenon, in a reflexive and continuous way, the hidden meanings[10–11]. The MU have in their statement the caput description, consisted by the expressions of the statements revealed in the phenomenological discourse.

To ensure quality and transparency in the presentation of the research, the Consolidated Criteria for Reporting Qualitative Research (COREQ) was adopted as a guide. The research was approved by the Research Ethics Committee of the *Escola de Enfermagem Anna Nery/Instituto de Atenção à Saúde* São Francisco de Assis/*Universidade Federal do Rio de Janeiro* (CEP-EEAN/HESFA/UFRJ) under opinion No.1,310,355 and CAEE No. 48359715,9,0000,5238, respecting the ethical and legal aspects of Resolution No. 466/2012 of the National Health Council.

RESULTS

The interviewees' age ranged between 31 (thirty-one) and 50 (fifty) years. The moment of menarche occurred between the ages of 9 (nine) and 15 (fifteen) years. The interviewees had coitarche between 17 (seventeen) and 29 (twenty-nine) years old. Regarding sexual and reproductive health, 16 of the 21 were already mothers, six lived with a partner, 14 of them answered in the questionnaire that they did reproductive planning, and all of them already used some contraceptive method.

From the five participants who did not have children, one was pregnant. Regarding contraceptive methods, oral contraceptives were the most cited. Regarding reproductive planning, seven participants reported that they did it on their own without a specific professional guidance.

In the professional career, the time of women in the corporation ranged from seven to twenty years. Regarding the professional category, they are: five nursing technicians, three nurses, four oral health assistants, two dentists, two social workers, four physicians and a psychologist.

Meaning Units (MU)

From the first methodical moment proposed by Martin Heidegger, it was possible to understand the meanings that female military firefighters in the health area attributed to their experience of reproductive planning. Thus, the meanings were grouped, constituting the following meaning units:

MU1 - Women expressed that they have to work and that they can no longer stay at home taking care of children, with that, they assume several roles: woman, mother, firefighter, wife, which requires reconciling all these roles.

[...]*The woman has to work* [...]*she can no longer stay at home taking care of children* [...]*and she doesn't have that time available* [...]*24 hours for the child* [...]*today I wouldn't have [child], if I had to go back to work 48, 24 hours* [...].(M1)

[...]*We have several roles* [...]*I have my children, I have my house*[...]*we manage everything. It demands a lot from us*[...]*you have to worry about raising your children*[...]. (M5)

[...]*The work is intense, the firefighter really has a heavy workload* [...]*with a child is complicated. I think the woman, she is a professional and all, but we suffer more, because we assume more of the raising than the father* [...]. (M18)

[...]*Complicated, you do both things well, being a mother and working. It turns out that you don't do anything well, nor are you a good mother* [...]*in the case of us being military*[...]*you must be tougher to get the same respect as the man[....]* (M21)

MU2 - Women meant that they have to program themselves to have a child, because if they do not have time for their child, they are at the mercy of other people. They state that having to return from maternity leave is complicated.

[...]*I didn't sleep outside the home, I stopped working in other places* [...]*I had more time for him* [...]*how could I leave a baby 24 hours a day?*[...] (M1)

[...]*I struggled a bit when I went back to work, with who I would leave her*[...]*there was no one to take care of her* [...]*she did not adapt to the kindergarten* [...]. (M2)

[...]*you have to plan a lot* [...]*if you don't have time for your child, he is at your mercy*[...]*if you don't plan this, you don't give him an education and his proper presence* [...]. (M5)

[...]*I lived far from my family, I really had to get by on my own* [...]. (M8)

[...]*we end up having to leave our children* [...]*most here, leave them with relatives* [...]*you need to leave your child with someone* [...]*who will take care as if you I was taking care* [...]*the difficulty* [...]*if your child is sick* [...]*if you need to go to see, to be with the child, it's a little complicated, to leave here*[...]. (M9)

[...]*when I had to go back to work after* [...]*theleave* [...] *it was very complicated, because I had no one to leave him* [...]*we had a problem at the kindergarten* [...]*I gave up a little*[...]*to dedicate myself to the family* [...]. (M11)

[...]*it wasn't easy because there were two babies* [...]*there was no one to help me, but it was done* [...]. (M13)

MU3 - Women recognize the difficulties in managing motherhood with work. They think about studying and working to later think about having a child when they are in a more comfortable situation to experience a pregnancy the way they would like and dedicate themselves to their children.

[...]*how am I going to raise a child if I have no whereabouts?* [...]*can you manage maternity?*[...]*it becomes very complicated* [...]*I didn't want to reproduce what my mother was, a housewife*[...]*even managing a marriage* [...]*sometimes you plan the week just right*[...] *the woman is never able to do just the work* [...]. (M3)

[...]*claiming that I had a daughter, that I breastfed* [...]*then I got a transfer and things went calmer*[...]*so conciliate this is one, an issue like that, I clap my hands for women in this regard* [...]. (M5)

[...]*we have nine months of maternity leave with breastfeeding* [...]*complicated, at first you have to leave him with someone (the child)* [...] *get back to work* [...]*put the child in a kindergarten* [...]*the financial life of the house changes* [...]*everything changes* [...]*it scares me a little* [...]*doing all alone* [...]. (M6)

[...]*then you start working, and then think about having a child* [...]*some say that for us women and in the military it's even better* [...] *since the maternity leave is a long thing*[...]. (M7)

[...]*my workload was very big and hard* [...]*so that I can get pregnant the way I would like: with physical and psychological health, I have to slow down to experience pregnancy* [...].(M8)

[...]*to be in a more comfortable situation so that I can also dedicate myself more to the children* [...]*if I have a child today, he/she will probably be raised in the kindergarten* [...]*babysitter or with someone like that* [...]*we have to be steady there, right, in what you plan for your career also within the corporation* [...]. (M15)

A comprehensive analysis of the reproductive planning experience of female military firefighter health professionals unveiled that women remain busy performing their different attributions in their daily work, family and domestic life to be able to take care of their children. They also make projections for the future in terms of planning their lives and in relation to reproduction. The reproductive issue follows the story of the woman who is being-there-with her partner, with her child and with other people to help them in caring for their children.

DISCUSSION

It was understood that female military firefighters, professionals in the health area, experience reproductive planning based on their professional life and, with that, try to manage the different roles they assume in their world-of-life. These impose on them a high professional workload, family devotion and domestic activities, also associated with the feeling of being primarily responsible for the demands of personal life, revealing that they feel alone to handle everything and, especially, the children.

The difficulties unveiled in reconciling the care of the child with work may occur when the pregnancy is planned or not, however, when it was not planned, the situation can be more difficult. Data point out that the woman's desire on have children or not, or even when to have them, should be considered to avoid an unwanted pregnancy. In 2011 in the United States, about 45% of pregnancies were unwanted, even considering the dissemination of information and the availability of access to contraceptive methods[17].

The experience of reproductive planning of female military firefighters, professionals in the health area, analyzed through Heidegger's hermeneutics, allowed us to unveil that their existential movement reveals inherent meanings to their everyday *ways of being*.

The meaning of the *occupation* was unveiled[11] when reported by the women who are involved and overloaded in their daily lives, assuming the attributions inherent to their social roles of caring for the family and the professional sphere. In this experience, they described their daily occupations as self-care, household tasks, care for child, for family and assignments outside home, at work, in the military environment, in addition to caring for others. These are the singularities of her daily life as a female-military-firefighter-health-professional.

The world of occupations is always moving in everyday life, which is a way of being of presence, when it moves in a developed and distinct culture. This is how it is shown, most times, how one lives everyday with the behaviors of coexistence, being inevitable to content with the daily habits of public life, without the possibility, therefore, of excluding them from their way of being. The occupation way of being reveals how the being performs, produces and fulfills something or about something that has to treat or care for[11].

Although, after the industrial revolution, women conquered more spaces, independence and autonomy, modifying social roles, female attributions still bear traditional marks based on moral, ethical and behavioral standards. And, it is based on these models that they were and continue to be in charge of living in a family and taking care of the home and children[18]. The daily occupations of home space continue, even when they takes on responsibilities and professional work activities outside home.

In the public and surrounding world[11] female military firefighter health professionals, who in the experience of reproductive planning decided to have a child, there is a search for support to face their daily challenges resulting from this action. The search for support to take care of the child does not only happen in the domestic world, but also in the public world of all. Handling in the public world determines and exposes the nature of the surrounding world so that it becomes accessible to anyone[11]. Thus, it is in this direction and in this dimension that these women move.

In search for support, some women have the need to rely on the help of relatives, other people, or even institutions such as schools and kindergartens to leave the child and go to work, as they have to manage everything. Women's effort to manage everything reveals their *surrounding*[11], historically and culturally affirmed by the woman's need to assume the responsibilities of family life and work, in addition to making an effort to meet her other needs. Even so, they seek to share responsibilities, for example, with the husband or child's father, revealing, in this movement, the aspect of belonging of the ways of being of the occupation to everyday life, in which it is allowed the encounter with the being that it occupies[11].

In the effort to manage the demands of motherhood with professional life, women face difficulties, such as those related to breastfeeding. Working mothers face barriers to breastfeeding, and the trend is for the rate of exclusive breastfeeding to be low. Therefore, it is important to maintain longer maternity leave and provide facilities that promote breastfeeding in the workplace. Extending the license also favors the extension of breastfeeding, therefore, public health policies must ensure that all women, especially the most vulnerable, have access to this. Several countries have already

promoted this expansion, but this is more visible in the public sector work sphere. One of these countries was Chile, which extended maternity leave from 12 to 21 weeks, which also increased adherence to exclusive breastfeeding[19–21].

Such support is also recognized by the institution to which they are linked, since there are rights established by law that favor the state public employee and that are not contemplated in the private sector. Among them, the paid maternity leave, the right of all women employed by public and private bodies, as set in the 1988 Constitution of the Federative Republic of Brazil, which is recommended by the ILO and currently ranges from 120 to 180 days. This improvement is due to the observance of the increase in female participation in the workforce and the proven advantages of breastfeeding, which have a positive impact on health of children, women and the planet[22]. It cannot be denied that this initiative favors the woman and her baby to obtain a healthy quality of life with regard to the postpartum and breastfeeding period, ensuring benefits for both.

In hermeneutics interpretation, when women need to leave the child with someone to work, they show themselves to *being-there-with*[11] the people who guarantee them support in raising the child, whether they are family members or not. The sense of *being-there-with* is also unveiled when the woman takes care when raising her child. This reveals a being in the world with others who are also in this world, since, for Heidegger, the subject is never given without the world, isolated, but the being-there-with, which is in the lived world, shared with others, being co-presence. The being-with has an ontological-existential meaning and constitutes the being-in-the-world, being co-present and releasing the possibility for a being-with[11].

In the daily life of being a female military firefighter health professionals and as a *being-in-the-world*, *presence* has already discovered a world of possibilities determined by its surroundingand spatiality, whether in the way of being of *distancing* or in the way of *directing*[11]. Thus, reproductive planning is attached to the professional moment, in which she finds herself, that is, to the several daily activities and dependent on other people to help her take care of the child.

From the perspective of women's work, the sense of *being-there-with* is also unveil when the corporation is meant as an institution to support this woman and mother, represented by the rights to maternity leave, interest leave and the possibility of associating the vacation period to the period right after the maternity leave, to have a longer period dedicated to the moment after the child birth. Studies point out that these benefits guaranteed by law allow women to feel secure regarding their access and stay in work. Evolution has been observed beyond paid maternity leave to breastfeeding breaks and some support for children in kindergartens and schools, even though female workers are still seen as home caregivers, wives and mothers[23].

In the experience of reproductive planning of female military firefighter health professionals, in view of the challenges experienced by those who decide to have children, some think first of stabilizing and being in a favorable financial and professional situation so that they can then have a child.

It was understood that planning the reproductive life goes beyond the decision to be or not to be a mother, it means positioning the individual/couple in conception/contraception and in everyday life, in the future, in the relationship, in daily occupations and in financial life, however, the care practice of reproductive planning does not always consider these aspects. Autonomy in this planning is still more related to the woman's responsibility than to the man's responsibility, even if this should come from both. Therefore, many women have a lonely reproductive journey regarding contraception[9]. It is necessary for this woman to be supported and carry out reproductive planning through qualified assistance.

Health services have the responsibility to provide quality care to reproductive planning and, in Brazil, the Ministry of Health states that this should be done through individual educational actions, through couples or groups; access to adequate information; availability of contraceptive methods; promotion of fertility regulation in a free and informed way; guarantee of reproductive rights for men and women; prevention of sexually transmitted infections, among others. Primary Care is responsible for this care, capturing users and promoting health not only for conception/contraception, but also focused on women's comprehensive health[24].

The women in the study unveiled facets of their surrounding world[11] at work, specifically about militarism. They meant that there is a need for women to have to impose in the corporation, to dedicate more attention to everything they do, because they feel more observed having a tougher postureto gain respect from the male contingent of the corporation. From this perspective, she reveals her commitment and determination to consolidate in military career, which generates the attribution of reproductive planning meanings both from the perspective of having and not having children now.

When women were incorporated into military environments, they already found an organization imposed by

men who massively occupied these spaces. However, the female presence shows that the military corporations were organized in view of the equal rights of men and women in society. But, being in the military, women are led to adopt a posture considered masculine, less fragile, represented by leadership, courage and with power[25]. The female professional firefighter, when demonstrates her characteristics and those of firefighters, leads us to reflect on gender issues in militarism as well.

By assuming a posture expected by the male universe, the female military firefighter health professional remains in *impersonality*[11], striving to be what is expected of her in the military scenario. The impersonal belonging to daily life is shown to belong to others, in which the being cover up its essence, does not deepen into things and tends to escape and deviate when presence requires a decision to take this responsibility away from itself. In this way, it reveals that being all, everyone, it is nobody, that is, keeps essence hidden. In everyday life, presence is under the domain of others who take on its being, not being itself[11].

In everyday life, the attitudes of these military women, of the being-there (Dasein) are marked by the impersonal, covering up their singularity in an almost already established way of being, revealing the loss of self, since individuals are not isolated from each other, making them hide their own possibilities[26].

The limitations of the research are the fact that the approach was conducted with female firefighters fromthe health area, while in the corporation there are other military women working in different professional areas and who could also mean work and reproductive planning.

FINAL CONSIDERATIONS

The experience of the reproductive planning of the female firefighter working in the health area was unveiled from everyday life, in which the woman is engaged in the world of occupations, managing their different social roles. And, in this way, to perform her work functions, she understands that she needs to rely on people around her, who are part of her world of life to help her in caring for the children, showing as *being-with* others.

The study allowed unveiling facets, specifically, about reproductive planning, which are part of the way of being of women in military environments. From these, gender issues stand out, which contributes to the burden on women in relation to performing their different social roles, still revealing, the respect for the exercise of women's sexual and reproductive rights.

The contributions of the study drive health actions to address the individualities and subjectivities of military women. It is also envisaged the possibility of giving visibility to this population and that efforts can be made so that researchers give voice and seek to expand and deepen aspects related to the health of military women, especially female firefighters in broader aspects, in addition sexual and reproductive health.

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