

## Domestic work in the historicity of professional health education: influences on the construction of social image

### ARTICLE

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### Abstract

The study explores the historical development of Professional Education (PE) and Professional Health Education (PHE) in Brazil, emphasizing how domestic work has shaped their social image. It presents a review of existing literature from several databases, reflecting on the reality that PE/PHE often caters to individuals from disadvantaged social classes. This educational model maintains a divide between practical work and intellectual thought, reinforcing a social image rooted in representation and emotions. The research suggests that this image is shaped by the inequalities in Brazilian society, where educational dualism persists. Additionally, it highlights the ongoing association of the female gender with caregiving roles, a deeply ingrained gender determinism that perpetuates gender binarism within the education system.

**Keywords:** Professional Health Education. Domestic Work. History. Social Image.

### Trabalho doméstico na historicidade da educação profissional em saúde: influências no construto da imagem social

### Resumo

Objetivou-se elencar aspectos históricos do desenvolvimento da Educação Profissional (EP)/Educação Profissional em Saúde (EPS) no Brasil, observando contribuições à construção da sua imagem social, especialmente o trabalho doméstico, que atravessa essa construção. Trata-se do estado do conhecimento sobre a EP/EPS no Brasil e a formação da imagem social. A metodologia foi a revisão bibliográfica nas bases de dados: Biblioteca Virtual em Saúde, Biblioteca Digital Brasileira de Teses e Dissertações, Banco de Teses e Dissertações da Coordenação de Aperfeiçoamento de Pessoal de Nível Superior, com recorte temporal de 2007 a 2023, e outros autores. Os estudos apontam a realidade de modalidade formativa que acolhe pessoas socialmente desfavorecidas, mantendo a dicotomia entre fazer/pensar e imagem social abrigada na esfera representacional e afetiva. O contexto de desigualdade social é sustentador do dualismo na modalidade educativa, atravessada pela manutenção do gênero feminino associado ao cuidado, determinismo que se enraíza no binarismo de gênero.



**Palavras-chave:** Educação Profissional em Saúde. Trabalho Doméstico. História. Imagem Social.

## 1 Introduction

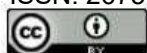
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In order to discuss and reflect on the subject of Professional Education (PE) and Professional Health Education (PHE), we begin by presenting some considerations that need to be briefly pointed out, since they are responsible for the design of an educational and professional profile that has been consummated to date.

In a concise look back at the history of the embryonic cell of the PE, training for work goes back to the cradle of colonization, since the colonizers found native peoples here when they first landed in the new territory, initially called Ilha de Vera Cruz. Abundant, the indigenous peoples practiced the tradition of many civilizations, in which older people taught younger ones the ways of working, thus ensuring survival through practical doing, and the learning processes took place through observation and repetition (Manfredi, 2002; Padovani, 2007).

The arrival of the Jesuit priests in the colony fulfilled the fundamental requirement of catechizing these native peoples, but at the same time they were responsible for founding the workshop schools, which aimed to minimally make up for the shortage of skilled labor in the colony at the time. In these schools, the enslaved and marginalized were taught occupations. On the other hand, the religious of the Society of Jesus were deliberate in the formation of elites, who came to dominate the colony through the foundation of strategically distributed schools (Manfredi, 2002; Padovani, 2007).

Moving forward in time to 1809, still during the period of colonial Brazil, a decree was issued by Prince Regent João VI originating the Colégio de Fábricas (School of Factories). In 1816, the Escola de Belas Artes (School of Fine Arts) was created with the aim of linking the teaching of science and drawing, with a view to providing opportunities for the professions undertaken in mechanical workshops. In 1854, special institutions were opened to take in abandoned minors, known as Asilos da Infância dos Meninos Desvalidos



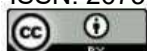


(Children's Homes for Disadvantaged Children), where they received primary schooling. In 1861, the Instituto Comercial do Rio de Janeiro (Commercial Institute of Rio de Janeiro) was created to train people to fill public positions in the Secretariats of State. Civil societies emerged in the same century, designed to take care of orphaned and abandoned children, and became important Arts and Crafts Lyceums, where theoretical and practical knowledge was offered, followed by initiation into industrial education (Moura, 2008).

The long history of colonial Brazil (1500-1822) shows the discrimination between education for the disadvantaged – mainly men – the subjugated class destined for practical work, and education for the elites, the dominant class that deliberates social segmentation through work, a *sine qua non* condition of capitalism that causes the structural dualism between thinking and doing that is sustained today (Arantes, 2018).

The Escolas de Aprendizes Artífices (Artisan Apprenticeship Schools), the forerunners of the current Institutos Federais de Educação, Ciência e Tecnologia (Federal Institutes of Education, Science and Technology), were conceived by the then President of the Republic Nilo Peçanha in 1909 (20th century), when he set up 19 of them spread across the Federative Units of the country, aimed at the most needy – males, to meet the demands of the productive market, primarily industry and commerce, sustaining throughout its trajectory the sign of the dichotomy between general and technical culture and, consequently, intellectual and manual labor (Moura, 2008).

When it comes to EPS, qualified training for work combined with general training can be considered a recent event, which took place in the wake of the sanitary movement in the 1980s. Prior to this period, training took place in the form of abbreviated training courses in hospitals, in schools of the services themselves, for later work as nursing assistants, with a workforce mostly made up of women (Ramos, 2010). It wasn't until 1981, with the Projeto Larga Escala (Large Scale Project), which aimed to train professionals with critical thinking skills (Gryschek *et al.*, 2000), and in 2000, after the 1996 Lei de Diretrizes de Bases (Basic Guidelines Law), through the Projeto Nacional de Profissionalização dos Trabalhadores da Área da Enfermagem (National Project for the Professionalization of Nursing Workers) (Ferreira *et al.*, 2007), that we could really talk about training qualified





health professionals at high school level, although both initiatives were specifically aimed at the nursing team.

As part of this broader discussion, it is feasible that the training for work and subsequent Professional Education that has taken place in Brazil since Law No. 9.394/1996, on the Diretrizes e Bases da Educação Nacional (Guidelines and Bases of National Education), is an educational modality that originates in the depths of colonization, in the same port where the Royal Family disembarked, which engendered a welfare policy to meet the needs of the productive world, adopting work as a training principle in what mattered to leverage development. It is a reasoning that is sustained in contemporary times. It is a powerful contributing factor in shaping the social image of a type of education in which people from lower-income social classes, who need to enter the job market quickly, join.

In this sense, we address historical aspects of PE, emphasizing the PHE based on a literature review, which presents the historical trajectory of this educational modality and the respective construction of its social image. According to Arruda (2018), it is a phenomenon engendered within the collective and thus shared between people and social groups through representational and affective means. The study is justified by the conceptions accepted in professional health training linked to the capitalist means of production, one of the pillars of which is the maintenance of the division of social classes and, to this end, professionalization occurs in the basic dualism between thinking and doing, as well as in dualisms based on binary gender norms (masculine/feminine, male/female, strength/delicacy and/or caring, provider/homemaker and mother), which structure our social organization by classifying subjects, outlining laws, ways of being and behaving, dressing and relating and also classifying professions as male or female, based on meanings constructed about the sexual characteristics of subjects (Dai'Igna *et al.*, 2019). Thus, giving women professions linked to care, health, social assistance and education (Dai'Igna *et al.*, 2019). In the case of this article, we are interested in Professional Health Education.

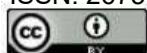




We have therefore prepared this article in four sections to deal with relevant issues linked to PE/PHE. The introduction presents a brief review of the memories that established training for work in Brazil, the common roots of later PE and PHE. The second indicates the methodology used to carry out this study. The third section discusses the results, subdivided into four subsections. The last section refers to the conclusions, followed by the references used to conduct the research.

## 2 Methodology

This article is a state of knowledge prepared by searching for information in the following databases: Biblioteca Virtual em Saúde (02 articles), Biblioteca Digital Brasileira de Teses e Dissertações (01 dissertation), Banco de Teses e Dissertações da Coordenação de Aperfeiçoamento de Pessoal de Nível Superior (01 thesis; 01 dissertation), and authors dedicated to the subject, in the time frame that includes productions between 2007 and 2023, selected due to the scarcity of relevant productions on the subject. The choice of databases was based on their security and because they aligned with the subject studied. The combinations were based on the descriptors: “Professional Health Education”, “care”, “domestic work” and “social image”, to refer to productions that combine high school level health training, its intertwining with domestic work and the engendering of social image. This way of digging for information in the databases was adopted as an essential criterion because it was closely related to the subject under study, revealing how little the subject was approached with the interactions necessary to carry out the study. We found two articles, a thesis and two dissertations that dialogued satisfactorily with the perspectives that underpin us. The aim was to discuss significant historical aspects in the construction of PE/PHE, its connection with household chores, focusing on care, and to discuss how these memories contributed to the development of the training modality in Brazil, linking important perspectives such as the structural dichotomy of education and domestic work, which are convenient for the construction of the social image of PE/PHE.



## 3 Results and Discussion

### 3.1 Social generification of care

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We begin this topic by highlighting the context of an educational modality that for many years was geared towards the male public, with few courses offered to the female public linked to the world of care, based on generified meanings that convey understandings that it is cisgender women<sup>1</sup> who are responsible for caring for the home, the family, the sick and the elderly, as if having a uterus indicated “the existence of something else, called the maternal instinct” (Meyer, 2003, p. 21), which developed into occupations and then professions.

In PHE, the scenario was not dissimilar, with the similarity of the social image of PE in a broad way maintained since its emergence in the wake of the precursors to training in the areas of industry and commerce, but with the peculiarity of retaining the aspect of care and, therefore, strongly exercised by people of the female gender. We can see a marked trace of domestic work, although with specific characteristics, as it is aimed at people in fragile health conditions. Heidegger (1999, p. 261) emphasizes that care is an immanent human event: “care means a basic ontological – existential phenomenon”, so it is not something especially inherent to the female gender, but it is a generified cultural construction.

We have a relevant example of this in the classic study by Margaret Mead (2000), carried out in 1935 with three isolated peoples of Papua New Guinea. In it, Mead identified discrepant behaviors between men and women regarding the care of people, children, who hunted, and who was responsible for leading people. In each of the three peoples, the differences between men and women and their responsibilities changed (Mead, 2000). Therefore, it goes against ideas about the existence of gender essences or natural genders, which define behaviors among subjects (in the case of women for care).

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<sup>1</sup> “it refers to a person who identifies with the gender they were assigned at birth” (Hining; Toneli, 2023, p. 2).

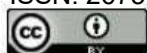


In this way, the attribution of care to the female gender is part of a historically situated social and cultural construct. In Brazil, which is where we are talking about and looking at, the notions that generify care are also linked to the process of colonization of our lands by Europeans (Delpriore, 1990). Hand in hand with the Catholic Church, a model of womanhood was imported based on Mary, mother of Jesus (mother, devoted to her family and children, charitable, caring, housewife), which was taught to Brazilian women (Delpriore, 1990).

Thus, this model continues to reverberate to the present day and, even though it has undergone changes, there are still meanings that link women to care (Mota-Ribeiro, 2005), whether through the media, formal or informal education, the church, being endorsed by laws, etc. and also supported by the neoliberal system (Dai'Igna *et al.*, 2019), which benefits from this attribution of care to the female gender, because by linking the responsibility for care to the female gender, the neoliberal system takes advantage of the free work of maintaining life carried out by women in their homes, which allows men to sell their labor force and children to be educated to do it in the future, in addition to not attributing value to it, after all it considers it to be their natural condition (Frederic, 2019).

And yet, when women are limited to professions linked to care (such as nursing), on the one hand these professions are subordinated because they are considered unprofessional. After all, when care is seen as a natural attribute of women (Souza; Lima Neto; Gleyse, 2021), it makes it difficult for them to mobilize socially towards other professions, putting them in a position of disadvantaged power compared to men, deepening social gender discrepancies.

Thus, the label of care attached to the female gender as a condition immanent to females dates back to the colonization of Brazil, and is also nurtured and reproduced by neoliberalism, a condition firmly maintained until the present day. Despite the vaunted evolution of the human race and all the achievements of women, the situation in this particular area is very conservative, with women still in a position of servility. Therefore, this generification of care is a cultural construction, since care is a basic condition for the survival of our species (Heidegger, 1999) and is not only in the hands of women.





Harari (2019) points out that archaeological studies carried out on Neanderthal bones revealed physical disabilities in adult specimens of these skeletons, signaling the necessary care offered by those close to these disabled individuals, since they survived into adulthood. The temporality of each stage of evolution is marked by learning to use the resources available to deal with the body's ills, based on their life experiences.

## 3.2 The beginnings of nursing care

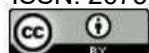
In ancient times, we find care for the sick as a strong lever for what is currently extended to practices carried out by professionals with technical training for direct care, such as nursing technicians, community health workers and others. But there is no denying that the initial approach to training for work in the health sector was through nursing, an expression derived from the Latin *infirmus*, which, according to Silva<sup>2</sup> (1986, p. 30), “designates the agent who takes care of *infirmus*, that is, those who are not steady (children, old people, the sick)”, with emphasis on the poles of the life cycles and those who are weakened by illness, anchoring the practice of care in women's domestic activities.

Nursing is a profession that was born and nurtured within the Catholic Church and the military corporations of the High Middle Ages, with militarism being well represented by the Orders of Knights that originated with the Crusades, which were also responsible for founding some hospital orders. In relation to the empirical and primitive nursing practiced at the time, the presence of both sexes in patient care activities should be highlighted. People linked to the Catholic Church who carried out charitable work, such as monks and nuns, knights and knightesses, priests, abbesses, matrons, imbued to cure the ills of the body and especially of the soul, with the aim of saving it (Vagheti *et al.*, 2011).

A curious peculiarity of the High Middle Ages was the fact that nursing care was the responsibility of men when the people suffering from illness were men, and they could

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<sup>2</sup> The emphasis on nursing in this text is only due to its undeniable status as a forerunner of Professional Health Education, as it permeates a whole historical context from the Middle Ages, its birthplace, to the present day as a practice of caring for people in vulnerable situations.







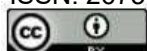
not receive care for their illness from women who were not closely related to them, as women were considered unclean. Even though women quickly stood out in the field of care due to their “nature”, which was considered to be welcoming and resourceful in health care (Vaghetti *et al.*, 2011), a movement supported by ideas of the Catholic feminine ideal: women as mothers, wives, virgins, pure, charitable (Mota-Ribeiro, 2005).

However, this specific peculiarity was only for the care of sick people, with a strong charitable meaning with the purpose of “saving the soul”. Underlying the action of caring, there was a particular interest that was a constant accent established by the religious belief of the faithful followers of Catholicism, which was strongly proclaimed at the time.

On the other hand, there was a situation experienced at the same time, such as the Order of the Augustine Sisters – dedicated exclusively to primitive and empirical nursing practices – which made religious women responsible for carrying out cleaning, cooking and administration services at the then Hôtel-Dieu in the city of Paris, as well as caring for sick people, with the exception of assistance involving the opposite sex and interventions on the female body that dealt with the genitalia, such as parturition, gynecological examinations and/or obstetric situations. It was the Order of Sisters who were seen as the predecessors of the others and were subordinate to the clergy of Notre Dame Cathedral (Vaghetti *et al.*, 2011).

Some issues can be highlighted from this historical aspect: the approximation of care with a professional purpose and domestic work, the distancing of women from situations that expose them to sexuality, the consideration of women as impure and/or incapable creatures. These issues were based on notions that came from the Catholic feminine ideal of the time (based on the figure of Mary), which was placed as something to be achieved by women: woman as mother, wife, virgin, pure, charitable, and the removal of the figure of Eve, who was considered impure, sinful, etc. (Mota-Ribeiro, 2005). In the current historical phase of humanity, known as the Contemporary Age, some of these characteristics can still be identified.

In the middle of the 19th century, in the Contemporary Age, the forerunner of modern, science-based nursing, the Englishwoman Florence Nightingale, founded the first



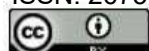


science-based nursing school in the city of London at Saint Thomas' Hospital for women only, and already implemented the division of labor by social class. The lady-nurses, corresponding to the current level of higher education in nursing, were women from wealthier social classes who performed the work of inspecting and preparing the nurses, women from less affluent social strata of English society who studied for free, but compensated for the “gratuity” of their period of study at school by carrying out direct care work for a minimum of one year after completing the professionalization for the time, corresponding today to the technical course in nursing. The selection of these women was rigorous, requiring, in addition to elementary literacy, high moral conduct, applying discipline as the founding pillar of the school in boarding schools (Backes, 1999).

Despite all the evolutionary processes and social and political mobility of women, including the occupation of different professions, the times lived through and the meanings constructed in them have tried to maintain important patterns in the professional and daily life of the female gender, reproducing in their attributions the roles of caring for the same *infirmus*, children, the sick and the elderly. This is because there is a gendered social organization, which structures and outlines relationships, laws, professions and culture in general (Dai'igna *et al.*, 2019), maintaining care as a natural feminine attribute. Nowadays, there is a strong presence of women in technical professions in the area of health, with an orientation towards direct care, aimed at people from disadvantaged social classes, thus maintaining the social image of women's work being of little value and, consequently, paid low wages.

### 3.3 Historical and social context for the development of PHE

Based on the historical and social overview presented, it is easy to understand that the best development of PHE has occurred quite slowly in Brazil, being a condition that can be considered as recent, so it is possible to consider it as a young insertion in the broad educational modality of PE.





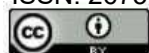
In the area of health, training for work that combines perfected technical skills with general skills is an achievement of the new times in the country, driven by the winds of the health movement in the 1980s, well after the consolidation of PE in other areas, such as industry and commerce, which pioneered the training modality in question (Ramos, 2010).

Prior to their actual professionalization, the workforce that worked in hospital health services – millennia-old institutions that in their genesis were not intended to treat and cure diseases – was, like the Nightingalean model<sup>3</sup>, composed mainly of women selected with minimal literacy and without the requirement of any specific knowledge. At the end of this initial selection, there was short practical training aimed specifically at basic techniques related to the care of hospitalized patients, such as hygiene, simple bandages, assistance with feeding, checking vital signs, in schools housed in the hospital services themselves, in which they would later work mostly as nursing assistants, when they were assigned to their care workstations (Ramos, 2010).

At this point in history, the demarcation of availability for care was no longer of a religious nature, the salvation of the soul was no longer the foundation, but the presence of a massive female contingent was maintained, and the issue that arose was that of paid work. Although it is still possible for women linked to Catholic religious orders to provide health care services in hospitals, such as the old *Santas Casas de Misericórdia* (Holy Houses of Mercy), which were once distributed throughout the country and are currently concentrated in the southern and southeastern states.

In the field of public health, training for work focused on the practice of health care took place alongside the important changes that took place on the national scene during the transition from the 19th to the 20th century. We can point to the migratory movement of the population living in rural areas to the cities and their disorganized growth, the increase in the flow of Europeans to Brazil, the signing of the *Lei Áurea* – which brought a situation of great helplessness for the then freed slaves, who, despite being free, were without work – the development of the industrial and commercial sectors, creating a

<sup>3</sup> The Nightingalean model, developed by nurse Florence Nightingale in the 19th century, established the division of nursing care work, based on the social division of classes (Backes, 1999).





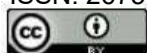
scenario of public calamity with the appearance of serious epidemics, such as the outbreaks of smallpox and the spread of tuberculosis (Pinto *et al.*, 2017).

The chaos precipitated the context of public calamity, which mobilized the country's class of sanitarians, with its main exponent being the doctor Oswaldo Cruz, defender of the so-called hygienization, who proclaimed hygiene measures as a preponderant action for the control of transmissible diseases, however the basic water and sewage service did not work to satisfaction in urban areas, thus preventing minimal hygiene measures, whether they were individual or collective in nature (Pinto *et al.*, 2017).

The established situation resulted in some initiatives, such as the creation of the Inspeção de Profilaxia da Tuberculose (Tuberculosis Prophylaxis Inspectorate) with the aim of preventing the disease, linked to the National Department of Public Health, founded in 1919. Another important measure was the implementation of the first Curso de Enfermeiras Visitadoras Sanitárias da Cruz Vermelha Brasileira (Course for Sanitary Visiting Nurses of the Brazilian Red Cross), in July 1920, by the sanitary doctor Amaury de Medeiros, recognized for his administrative capacity in public health, then director of the Departamento de Profilaxia contra a Tuberculose da Cruz Vermelha (Department of Prophylaxis against Tuberculosis of the Brazilian Red Cross) and main authority of the Cruzada Nacional contra a Tuberculose (National Crusade against Tuberculosis). Both bodies were set up to carry out strategic actions to combat tuberculosis, which was ravaging the country in the Campanha Nacional contra a Tuberculose (National Campaign against Tuberculosis), and saw great potential in the professional Nurse Visitor to combat the disease (Pinto *et al.*, 2017).

Later, in 1925, despite the efforts made to train Health Visiting Nurses, the health authorities began to invest in health education courses aimed at educating and qualifying people to make home visits possible, in order to respond to the situation of disease transmission that was afflicting the country (Pinto *et al.*, 2017).

In the 1930s, as part of the Vargas government's political and pedagogical project, there was professionalization in public health and, in the interim between the late 1930s and early 1940s, there was investment in the training of health educators or health visitors,





due to the growing need for professional qualification to meet the growing demands of public health, since the number of graduate nurses was not enough to cover the urgency of care required of this professional throughout the country. In 1942, the Special Public Health Service (SESP) was established in Brazil through the Rockefeller Foundation and, in 1949, the first course for health visitors offered by the SESP took place in Ilhéus (BA) (Pinto *et al.*, 2017).

The health visitor is the predecessor of today's professional Community Health Agent, trained by PHE at a technical level. This is a high school level professional who acts as an important link between the community and the health services, carrying out direct actions in primary health care and linked to the Unidades Básicas de Saúde (Basic Health Units – UBS). They are workers restricted to public health practices, carrying out relevant assistance actions in the territories under the responsibility of the UBS in which they are assigned.

Another occupation to be highlighted, although little known, also linked to the female gender and with pressing traces of domestic work concerns the Curso de Economia Doméstica (Home Economics Course) offered by the Escola Profissional Feminina (Women's Professional School) in the city of São Paulo. In September 1911, through State Decree No. 2118-B of 28 September 1911, the foundations of two educational institutes with training for male and female work were organized:

Male Professional School, aimed at teaching arts and occupations, with sections for mathematics, drawing, mechanics (blacksmiths, foundrymen and fitters), painters, bricklayers, weavers, tinsmiths and chauffeurs; and the Women's Professional School, for teaching home economics and handicrafts, with sections for drawing, typing, cutting and making dresses and clothes for women and children, cutting and making white clothes, embroidery and lace, making flowers and decorating hats, culinary arts in all its branches and home economics (Carvalho, 2013, p. 68).

From this quote, we can see that there is a clear division between the tasks that men and women should perform in that school, demonstrating how ideas based on a binary gender logic work, about what it is to be a man or a woman and what belongs to the respective male and female universes. The link between the feminine and domestic tasks





is also present in formal education at the institutional level, and gender is also referenced institutionally.

The same author makes an important reference to the future students of the Curso de Economia Doméstica (Home Economics course), when she specifies the provision for working class girls from school groups:

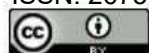
[...] the first Professional Women's School in the capital of the State of São Paulo, set up in Brás in 1911 and designed to serve girls from working-class families, over 12 years old and with a school-leaving certificate. The school trained women in trades such as cutting and dressmaking, white clothes, lace and embroidery, hats and flowers and ornaments (Carvalho, 2013, p. 73).

As early as 1939, the course for food assistants or dieticians was added to the structure of the home economics courses, as yet another job training course offered by the Women's Professional School. This course was created by the doctor Francisco Pompêo do Amaral, an important contributor to the history of public Professional Education in the area of food and nutrition. It was the precursor to the current profession of nutritionist at university level (Carvalho, 2013).

It is tangible that the social image formed throughout the journey described is maintained, and that Professional Health Education is linked to the female gender and its genesis in domestic work in the socially constructed positions of caregiver for women. The construction of well-established generified meanings regarding the ability to care as a natural feminine attribute crosses women at various levels, because “since ‘feminine’ became synonymous with ‘housewife’, we carry this identity and ‘domestic skills’ everywhere” (Frederick, 2019, p. 74), including into our professions.

### 3.4 Building PHE's social image

In this way, the social image of PHE is built from reflections of mentally elaborated content sustained by the concreteness of what is considered real, which takes place in the scenarios of people's external experiences, sustaining the intensity of remote memories,



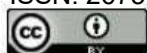


aiming to maintain them in order to avoid the occurrence of a hostile process of change. The social image gravitates around its goals with the purpose of choosing references that come primarily from the external and internal environment, providing the opportunity to direct them (Moscovici, 2012). In this movement, the social image of PHE has in its content meanings that circulate in our daily lives about care work being an innate female responsibility, an idea that is well established and reproduced in various places, such as the media, the school, the church, in laws, in everyday conversations, etc. (Louro, 1997), which make up our social imaginary.

Arruda (2018) points out that the social imaginary is a collective phenomenon, constituting knowledge that differs because it is not structured in the realms of reason or others that, throughout history, have aroused greater interest. In this dimension, knowledge is housed in the sphere of abstraction and is marked by memories and compositions gestated in the bosom of social coexistence, mediated by the ideas and images of the individual or of the unconscious. It mobilizes practical actions with a view to managing what surrounds people in their daily lives. It precedes each person's process of symbolization, thus enabling the circulation of information. The same author also points out the dimension of affection in the social imaginary, translated as a mobile tied to feelings, beliefs and memories, announcing reality based on memories.

In this way, the dimensions of knowledge and affection permeate the educational processes in societies, since they mirror society itself, and so training for health work was taken up by a large body of knowledge and memories that forged it in the cradle of care, nurtured primarily by women. After a long journey, it began to receive new increments when, from the 1980s onwards, some initiatives were promoted to provide training for health work, combining general training and technical training with better scientific backing, but it was not yet possible to talk about PE/PHE properly speaking, since the specific legislation was born in 1996 with the enactment of Law No. 9.394, of December 20, 1996.

Nevertheless, important milestones need to be recalled, hence the importance of talking about two projects that broadly covered technical professionalization in health,





despite specifically covering the area of nursing, one before and the other after the new Lei de Diretrizes e Bases da Educação (Education Guidelines and Bases Law).

The Projeto Larga Escala (Large Scale Project – PLE), which ran from 1981 to 1996, was designed to cover basic health services, with the aim of training professionals with critical thinking skills. It was a project that took the lead as a primary strategy for the qualified training of personnel at high school level for the health sector, guided by agreements that involved the health and education areas, taking place through the supplementary education program in accordance with Chapter IV of Federal Law No. 5.692/71 of the Diretrizes e Bases da Educação Nacional (Guidelines and Bases of National Education), the second version of the 1st LDB of 1961, and article 33 of the Resolution of the State Council of Education-C.E.E. 23/83 of the State of São Paulo. It was dedicated to the professionalization of workers already employed and working in the health sector at elementary and high school level (Gryscek *et al.*, 2000).

Since the beginning of professionalization at the technical level, teaching-service integration has been and continues to be an indispensable condition for the careful qualification process to take place at the professional level, especially in the area of health, which is a field with important particularities, since it provides assistance to the population of a country full of social inequalities, and is therefore in very fragile conditions with regard to the health-disease binomial, associated with the complex universe of health care, predominantly in the public sphere, but also in the private sphere.

It was only in 1996, with the enactment of Law 9.394, of December 20, 1996, one can speak specifically of Professional Education (PE), since the Lei de Diretrizes e Bases da Educação Nacional (Law of Guidelines and Bases of National Education – LDBEN) determines the guidelines for this type of education in the country in its Chapter III, Articles 39 to 42-B (Brasil, 1996), although Pereira and Teixeira (2013) point out important weaknesses, since the drafting of the Law, because it is a complex subject, since it involves a field of dispute of interests for bringing at its core the work and consequently the production.







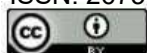
The interests that gravitate around PE, as a training modality and the labor market, involve multifaceted aspects and diverse actors, imbued with meeting their needs. This complex universe includes governments, companies, educational institutions, workers and students. Each of these segments seeks to intervene in the direction and very nature of PE, generating permanent tensions and negotiations, with a view to better combining educational training with the demands and needs of the productive market, and the personal aspirations of each actor in this complex scenario.

It is a sensitive field because it brings together education, work and technology, mobilizing agendas that, on the one hand, address the new professional profiles demanded by the market in the capitalist mode of production and, on the other, highlight Professional Education as a trainer of reflective and critical individuals, capable of intervening in social reality in order to contribute to the building and maintenance of democracy, highlighting the worker as an individual who builds history (Pereira; Teixeira, 2013).

However, the LDBEN does not point to clear paths that better define the force that PE serves, since it has work at its core as a training principle, on the one hand organized to meet the intentions of capital and, on the other, seeks to find new paths leading to an emancipatory education. These aspects are still present in the discussion forums on this type of education.

In 2000, another action with a major impact on the professionalization of nursing took place with the implementation of the National Project for the Professionalization of Nursing Workers (PROFAE), through the Ministry of Health. On a national scale and free of charge, it aimed to train/qualify professionals at elementary and high school level, already working in health services, through PE, and to train professional nurses pedagogically to meet the demands of professional education in technical training in the health area, through the distance learning modality with the purpose of strengthening the young Unified Health System (SUS), established by the 1988 Constitutional Charter.

The methodology applied in the project combined scientific knowledge with the tacit knowledge present in the professionals in question, thus valuing individual subjectivities, which facilitated the teaching-learning process (Ferreira *et al.*, 2007).





The progress of the times resulted, in 2012, in the Diretrizes Curriculares Nacionais para a Educação Profissional Técnica de Nível Médio (National Curriculum Guidelines for Technical Professional Education at the High School Level), highlighting PE as an educational modality at the common junction between two of the fundamental rights of the human being: education and work. This is based on the guarantee of absolute priority given to professionalization by the Federal Constitution of 1988. The document already presents important broadenings in terms of the vision of the world of work as a foundation for PE, noting the profound changes that have taken place in the meanings attributed to technical level workers, who for a long time were considered to be task-oriented, based only on knowledge that enabled them to do practical work, without theoretical knowledge that would provide them with the conditions for reflection, criticism or autonomy, in other words, intellectuality was not allowed in their background.

PE is conceived as an educational modality that observes the combination of work, education and technology, in the quest to improve professional education that provides individual and collective growth, which can drive social change over a long period of time (Brasil, 2013).

But despite all these efforts, the power struggles in the field that involve the interests of maintaining the status quo, related to capitalist modes of production, involve educational practices at their various levels. Therefore, there is no need to be surprised at the long-standing maintenance of the constructed social imaginary, sheltered in the representational instance, architected in inequalities and social frictions, denoting the image of PE in general as a training modality aimed at a portion of society that does not need to dedicate itself to acts of thought, which generate reflections on reality, but only to focus on doing, carrying out tasks conceived by those who are in the condition of conductors of the processes and strongly exercised by the female gender when it comes to PHE.

Under the Temer government (2016-2018), Provisional Measure No. 646 was implemented, later converted into Law No. 13,415/2017, which reformulated high school (HS) by introducing training itineraries, making it possible to make HS more flexible and to





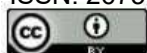
choose technical and professional training, aligning technical training with the needs of the job market and making training more practical and geared towards the demands of the business community, which reinforces the value given to practical work to the detriment of training that combines content compatible with integral training. The impact of this management was to direct professional preparation to the labor market and intensify the century-old dichotomy by further segmenting education into different paths (Brasil, 2017).

In 2019, the Bolsonaro government launched the Programa Novos Caminhos (New Paths Program), which has at its core an increase in the number of enrolments in technical and professional courses. The impact of this program is similar to that of the Temer government, as it reinforces the link between PE and market demands, leveraging courses suited to the needs of the manufacturing market and employers in general, emphasizing the value of practical work and further consolidating the view that PE should prepare students for immediate work (Brasil [2019a]; 2019b).

This is a condition that remains a worrying aspect, given that both governments maintained the bias of educational segregation with the potential devaluation of theoretical teaching, and in this scenario, professional training in the health area aimed at assistive actions in a direct way, still with a large contingent of women, who are in charge of PHE, adds to the ranks in terms of professional devaluation.

## 4 Conclusions

In its historical trajectory, PHE has always taken place at the common junction of teaching and service, undeniably fields of power disputes. The social imaginary that has been at the heart of education since its beginnings retains its strength, thus allowing us to understand the perpetuation of the conceptions elaborated about this educational modality. Her trajectory is traversed by the meanings historically constructed about the female gender with regard to care, as it is considered a natural attribute of women, so all tasks, whether unpaid (unpaid domestic work, caring for children and the family) or paid (nursing,





social assistance, education) that have to do with the performance of activities that involve care at some level, are culturally attributed to women.

The social image of PHE is made up of ideas that reinforce prejudices against the professions it embraces. On the one hand, there are issues relating to class prejudice when it is read as an educational modality made up of courses with less social prestige, historically designed to cater for people from the lower classes of society, offering “practical” courses that don’t require higher reflective capacities, with a focus on carrying out activities.

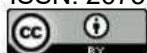
On the other hand, the gendered ideology is maintained, as these are professions that should be practiced by women due to the association of the female gender with care, a characteristic that reveals the powerful force of the social imaginary engendered since very distant times. Despite the good progress in the PHE field, we return to Moscovici's (2015) ideas when we come across perceptible movements that lead to a place of preservation of social memories, which are responsible for the slowness in establishing a crucial and necessary process of change.

The pace of change will be defined and driven by the choices made in the social movements of retreats and advances, allowing for the management of the motifs of change, but preserving what is not yet supported as being subject to modification, since it may result in risks to the maintenance of social patterns implied in the identity of the groups that make it up, determinants of the balance of social life.

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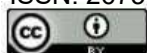
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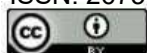
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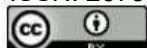
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