

FEMALE REPRODUCTION AND HEALTH UNDER THE LOOKS OF WOMEN WITHOUT CHILDREN

REPRODUÇÃO FEMININA E SAÚDE SOB OS OLHARES DE MULHERES SEM FILHOS

REPRODUCCIÓN FEMENINA Y SALUD DESDE LA PERSPECTIVA DE LAS MUJERES SIN HIJOS

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ABSTRACT

This is a qualitative study, Thematic Oral history methodology, based on Comprehensive Sociology of everyday life that aims to understand the influence of female reproduction in the construction of the identity of women without children, whereas the socio-political look of health on the female body. Participated in nineteen childless women over the age of 18 years, of reproductive age in the decades of 1950 to 2010, which meet or have been met by public health policies. They were chosen by the snowball technique. Data collection was done using semi-structured interviews. Using the analysis of narratives to the processing of data. The results show a change in the female role and the ideal of woman-mother. The female body assumes new forms of subjectivization, decoupling reproduction of sexuality and motherhood appears as a choice. These changes require the implementation or effectiveness of existing public policies to meet women in other perspectives, not just reproductive aspects or gravid-puerperal cycle.

Keywords: Female; Gender Identity; Reproduction.

RESUMO

Trata-se de estudo qualitativo, na metodologia história oral temática, fundamentado na sociologia compreensiva do cotidiano, que tem por objetivo compreender a influência da reprodução feminina na construção da identidade de mulheres sem filhos, considerando o olhar sociopolítico da saúde sobre o corpo feminino. Participaram 19 mulheres sem filhos, maiores de 18 anos, em idade reprodutiva nas décadas de 1950 a 2010, que conheçam ou tenham sido atendidas pelas políticas públicas de saúde. Foram escolhidas pela técnica de snowball. A coleta de dados foi feita por meio de entrevistas semiestruturadas. Utilizou-se a análise de narrativas para tratamento dos dados. Os resultados apresentam uma mudança no papel feminino e no ideal de mulher-mãe. O corpo feminino assume novas formas de subjetivação, dissociando reprodução da sexualidade, e a maternidade aparece como uma escolha. Essas mudanças exigem a implementação ou efetivação de políticas públicas já existentes que atendam às mulheres em outras perspectivas que não apenas nos aspectos reprodutivos ou ciclo gravídico-puerperal.

Palavras-chave: Feminino; Identidade de Gênero; Reprodução.

RESUMEN

Se trata de un estudio cualitativo, respaldado en la metodología de la historia oral temática, basada en la sociología comprensiva de la vida cotidiana que busca comprender la influencia de la reproducción femenina en la construcción de la identidad de las mujeres sin hijos, considerando el aspecto socio-político de la salud sobre el cuerpo femenino. Participaron diecinueve mujeres sin hijos, mayores de 18 años, edad reproductiva en las décadas de 1950 a 2010, atendidas por la salud pública. La selección de las participantes se realizó mediante la técnica de bola de nieve y la recogida de datos por entrevistas semiestructuradas. Se utilizó el análisis de las narrativas para el procesamiento de datos. Los resultados muestran un cambio en el papel femenino y en el ideal de la mujer-madre. El cuerpo femenino asume nuevas formas de subjetivación, disociando la reproducción de la sexualidad y la maternidad surge como una opción. Estos cambios requieren la implementación o efectividad de las políticas públicas existentes que atiendan a las mujeres desde otras perspectivas y no sólo en los aspectos reproductivos, en el embarazo y en el parto.

Palabras clave: Feminino; Identidad de Gênero; Reproducción.

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INTRODUCTION

The body is characterized by several representations, besides its definition as a natural body, since it is studied in Biology, Medicine, Sociology, Arts and other areas of human knowledge because it reflects a historical moment. Therefore, it is influenced by the movement of society.¹

At the beginning of modernity, the woman's body was represented by the anatomy of a small skull due to the lower degree of intelligence and due to her reproductive capacity. That is, the woman was a being without desires or wishes. However, she was responsible for the perpetuation of species.² This reproductive body condition attributed the maternity inherent function to women, ensuring women's social recognition.

The historical aspects contributed to defining the feminine ideal of woman-mother.

Social determinism is confused with biological determinism, and the woman is still seen by their ability to generate children.³ Motherhood was socially built, and since ancient times, it is an important and defining symbol of female identity. It is a legitimized condition through religious, philosophical, medical, scientific and political speeches. Thus, motherhood is valued or modified in the sociocultural context of social, economic, demographic and political aspects.⁴

Scientific progress, political, social and economic achievements of the nineteenth century allowed the women began to turn the female role, building the notion of femininity, setting it on a psychological, social and biological dimension. Therefore, it is noteworthy that the body is not only a biological organism but an individual and collective representations, the result of symbolic and subjective construction and process relationships.^{1,2}

In the early twentieth century, the body is the center of daily life, and there is a set of speeches that define it. Esthetically favored by women in building their identity, it is and exposure and noise object. In Foucault's view, it is the body that begins the social control over it, and especially knowledge and standards are instituted in the female because the power penetrates the body and produces subjectivities.⁵ Being a social construction, the body is historically produced both collective and individually.⁶

The construction of the feminine is made in the social instances, through the representation of the body, sexuality and gender relationships in which the relations of power in Foucault's sense, produce standards that influence or determine the claim to female identity. This construction is given by subjective processes that happen daily.

Everyday life is defined by way of life of each and the collective, the know-how, know to tell and know to live. Life is not limited to the individual subject but resurfaces in sociality as a kind of common empathy⁷, that is, the collective experience takes place on the day since the common knowledge underpins this construction. It should be understood the female

existence from the daily aspects of subjective actions of individuals in their collective living environments as the common experience is a fundamental part of the society. A social analysis, aspects of feeling and imagination are valued, and individual imaginary corresponds to the imaginary group in which the individual is inserted. Social life is made of emotions, feelings and shared affections, in which subjectivity is anchored and introjects the collective values.⁸

In the mid-twentieth century, feminist movements led to some release in the mother and discussions unveiled maternal metaphor to assess the discussion of biology and the female body, considering motherhood as a form of the patriarchal domain.⁹ New concepts are established, so from that movement, which in the 1960s and 1970s family planning and birth control are encouraged in the sex relationships.¹⁰ Women now have the help of contraceptive methods and take responsibility for their sexuality, choosing to have children or not, rejecting a valued role simply by the fact of being a woman. However, maternity idea as female condition remains in the social imaginary, and even in health practices prevailing notion of reproduction as a duty and as an intrinsic desire of women, which are still perceived primarily as mothers, breeding and lactating women by political and government health programs for women.¹¹

The practices and discourses arising from the policies and women's health programs determine a model of being and exercise motherhood. Although today the exercise of different roles is predominant, their reproductive capacity is still privileged in health care because it is based on programs to assist the woman who is a mother,¹² using "micro-technologies constitution of women/mother's subjectivities."⁹

There is still an overestimating of the reproductive body, by the privilege granted to the biological body. Because she has the uterus, the woman ends up being identified by her playability. The images of motherhood and the pregnant body gain space in the media, reaffirming the female identity related to self-realization. Motherhood is shown as inimitable identity and reproduction as something inherent to the feminine nature. At the same time, it appears the negative image of the woman without children, to oppose the valuation of reproduction identifying the woman.¹³

It is noted that the values, beliefs, and meanings produced by the culture influenced the construction of the female role in the collective imagination, the representations, and social practices. The reproductive body adds social values to female identity, guaranteeing a place for the women. The fact that having children makes sense for their life and it is suggested an aging full of companies. In this context, the choice not to be a mother generates charges by the family, friends, and society, from values that still permeate the collective imagination. The non-reproductive body becomes a questioning object.

In contemporary times, there is more concern about the physiological and aesthetic changes of pregnancy. However, the decision by the non-maternity can be understood as a denial of reproductive condition, further increasing the overloads on women. Another issue that is established for the woman is the son's absence threatens by her old age, condemning her to loneliness. The choice positions the woman without children in a confrontational situation: on one hand, not motherhood as a desire, in which the body takes on values other than just the reproductive value; on the other hand, the motherhood with all the benefits indicated by knowledge and social norms, tied to a female identity founded on the ideal woman-mother.

The female body, political target of biopower and biopolitics has its function set from the biological body and social role, and the construction of the woman is given from her sexuality.¹⁴ Thus, even with all the changes in the design of the body and its various representations, the reproductive aspect is also crucial to the female condition. This aspect is reinforced by public policy and the health programs.

Therefore, this article seeks to understand the influence of female reproduction in the construction of childless women identity, considering the socio-political health gaze on the female body.

METHODOLOGY

This is qualitative study anchored in the methodological reference of oral history, which is committed to registering reports and then to present another view of the facts, to give voice to people who have experienced certain situations.¹⁵ This study is based on the perspective of the comprehensive sociology of everyday life, Michel Maffesoli. When recounting her experiences, their beliefs and their interpersonal relationships with the environment, the subjects reveal their daily life, which should be considered from a sociological point of view and from other areas of knowledge.⁷ This article discussed the reproductive body divided into three categories: the biological body, the child as a utility and the social body.

The study was not a predetermined scenario. The sample was intentional, and collaborators were chosen by the snowball technique in which the initial participants in the study indicate new participants, and so on until it reached the saturation point.¹⁶ There were 19 women of different ages, professions, socioeconomic status, marital status and sexual orientation participating in the study, representatives of 1950, 1960, 1970, 1980, 1990, 2000, 2010, considering different versions of collaborators, living in small and medium-sized cities and in the capital of the state of Minas Gerais.

The pre-established inclusion criteria were: not having children; using or knowing public programs of care to women's

health; having reproductive age between the 1950s (advent of the national public policies) and the current decade, 2010; being older 18 years old.

The interviews for data collection were held in the period from January to March 2015, according to the following steps: a) pre-interview – invitation as collaborator with information about the search and request permission to record the narratives in digital media; b) the semi-structured interview, with questions about the female identity, choice of not being a mother and the relationship with health services and policies and targeted programs for women. The interviews were closed when there was data saturation, without adding new issues to the subject studied; c) post-interview: after the transcription of data, with the transformation of oral in writing, the text was delivered to the collaborators for conference and validation.¹⁵

Each participant was identified as a collaborator, followed by the number that represents the order in which the interviews were conducted, and their ages. All of them signed the Consent Informed Form (TCLE), by Resolution N° 466/2012 of the National Health Council. This study was approved by CEPES-UFMG, CAAE 37866014.9.0000.5149 on November 27, 2014.

In the analysis of the narratives, the model proposed by Lieblich, Tuval-Maschiach and Zilber was used. Thus, the reading of the whole narrative was focused on the construction of women, maternity, and public policy, assuming the content of each reflects thinking processes.¹⁷ After analyzing the data collected, there was its interpretation according to the literature to then there was a brief discussion of the results.

RESULTS AND DISCUSSION

The results are organized into three categories: the biological body and the changes in the physical body; the idea of a son as a utility that fills an existential emptiness; and the social body and the concern for the lonely aging.

THE BIOLOGICAL BODY OR ESTHETIC IMPORTANCE OF BODY VS. PREGNANCY

Among the representations of women, physical or biological body deserves attention. Body image has a meaning for each woman, but esthetics is implicit, and the relationship beauty versus thinness is characteristic of contemporaneity. The cult of the body culture, present in society today, said the standards of beauty and defines the ideal body standards. Fear of changes in body image because of pregnancy also appears in the justification of the participants, by not the motherhood.

Although in this study the matter has been little depicted, it is considered relevant concern for the physical and biological aspects, among others, presented:

Other things, for example, taking the financial, has the world, the financial, the pregnancy, something I do not see anything cool, nothing, nothing. I... the family of my mother, who is the physical type that I have, it is all very chubby, and I am terrified, I am always worried about my weight, and I wonder if I get pregnant, what a hideous I will be, I do not like pregnancy, no pregnancy, I think it is cool, almost no... what my friends have, what I see, you know, I do not think anything cool, nothing. I see people say: Ah, what a beautiful pregnant woman! I do not know what they see in this gorgeous pregnant; then it is also something I would not want to have (Collaborator 12 - married, 33 years old).

Many fears will permeate the imagination of women, among them, is the physical aspect. The concern with the aesthetics and the beauty appears as a matter of consumption because there is the perception that the body is subject to the logic of the market.

Although the desire for a model body to be shared by several women¹⁸, this concern is not present in all of them:

No, I think that besides the son, there is the part of esthetics that, for women we always... who likes to takes care, vanity, afraid, as they say, dropping everything, but that too, right or wrong... [...] There are many women I see, my friends, that resolved it very well, there are... fat or thin... are happy with their children, and others already feel bad because "ah, I got fat, I cannot go back to my body." So, my question on that is quiet (Collaborator 14 - married 38 years old).

Fear of pregnancy or childbirth and concern with the physical changes that motherhood entails may or may not interfere with motherhood choice.

I think that we did not say, for example, the issue... I talked about the physical at that time, right, in the biological sense... my decision does not go through this perspective as well [...] Fear about the transformation of the body, fear of childbirth, fear of pregnancy, for example, complicated or a child with a special need. [...] In my case it is not... it is not this, so I am not afraid of pregnancy, what it could be, afraid of what might come... it is not even the desire, it is not the... desire. [...] So, I have heard of all kinds, then so, my decision does not go through it, it goes through an individual issue, a particular issue (Collaborator 17- married, 41 years old).

The contemporary is governed by appearance imperatives, in which the body should be constructed from estab-

lished esthetic standards. For some women, the implied physical changes in pregnancy are not important when choosing the maternity or not maternity, because the choice is linked to desire or not to be a mother. However, others favor the physical form because they fear bodily changes.

Nowadays, the concern with appearance is based on an ideal body model in force. The consumer society imposes a moralization of beauty, directing investments to the body, in which there is an unwanted pregnancy. Motherhood is no longer the single female ideal. The search for a slim and young body reflects on the concerns about the physical transformations inherent in it. The femininity of brands is disappearing female ideal body.¹⁹

Imaginary or real, these fears are present for many women, and they may influence your decision to have children or not, anchoring your choice.

It is the female body idea that defines a role, but not the condition of being a woman. The refusal to define the feminine nature of motherhood shows a body appropriation, as a subjective choice, not according to a pre-established model. Many women will find fulfillment outside the home, in other areas, envisioning new opportunities for personal and professional fulfillment.

This finding allows bringing the questioning of Badinter³: why the maternal instinct is not manifest in all women since many of them refuse to be mothers? For the author, maternal love, known as female instinct, is a myth, socially constructed, because there is a social pressure for that motherhood being the only possibility of achievement. When characterizing the maternal instinct as a myth, it is wondered whether the desire to be a mother would be legitimate or response to social constraints³.

Thus, it is perfectly acceptable that the woman is normal without being a mother and maternal love, as every human feeling, being uncertain, fragile and imperfect.²⁰ The woman is a historical being with the capacity to symbolize and the desire to be a mother quite complex and difficult to specify and isolate the intricate network of psychological and social factors.

THE SON AS A UTILITY

The idea that a child will ensure the company for life is present in the collective imagination. Social charging for maternity permeates the lives of women without children and the claim that the child will fill a void or guarantee the mother's desires are becoming the truth that is a useful object.

There was a time that I even said, oh people, I will finish the world, end the life alone, have a... we think, there comes a certain point we think, okay alone, no one to stay with me, but so many people who has a son and says he is a son to the world, so just... I do not know if this would not... but... but I think, I do not think so. I did not have a

problem. I think I will not have any problem. If something happened, we would go to a... a shelter. [Laughs] For a nursing home, a shelter. [laughs]. A chic asylum ... [laughs] ... (Collaborator 4 - single, 60 years old).

The fear of alone is influencing the thought of having a child as a company, and at the same time, such a possibility is denied with the target resolution for the future of this possible solitude.

Study on female identity demonstrates the results found that having children was considered a necessity because the feeling of being alone is common in many women.²¹ The son perception as a need also is present in the affection.

Is it not so good having children? I saw you with affection with your mother, I said, oh, how good it is to have a daughter. [...] I am just missing a person close to me, that maybe if I had a son, he would be close, only. It is a fact I do not have children, but I have many friends, including here, it was a sister I had [...] I have good friends, I do not try. Because of my... my physical problem I do not visit, and I am little visited too... but it does not bother me (Collaborator 9 - widow, 90 years old).

Maternal experience of friends contributes to the idealization of this role. When saying "I saw you with affection with your mother, I said, oh, how good it is to have a daughter" denotes a "fantasy," an idealized son, that besides the company, he could supply the lack of affection. In this sense, the child should be good and loving.

The idea of a good son, those who will ensure company, survival in the future, although it is present in several narratives, it can also be deconstructed by the experience of others, as illustrated:

Many people, ah, I did not have mine, but I will adopt, there are many people who are afraid to be alone, but I said, alone? Any... you have a child does not mean you will get... you get the child. We see many people dying alone. Today I have a friend, he had four children, wife, but I think he had affairs, now he is in the asylum. No son wants him... [...] so, I think that you have a child to be able to say, I will not die alone, because there are many women today who think that I will have a child, I will get married, not even like it I will get married, because I do not want to be alone. It was an option not to have my son; it was a choice not to get married (Collaborator 10 - single, 52 years old).

The expectation of receiving care and affection of the children is not always reciprocated. It is not ensured that having

a child, the desires will be fulfilled or even fill the space, being sure of not being alone. The perception of the collaborators that having a child does not help for him to be useful is relevant to the discussions found in a study on caregivers children²², who reveals the reasons that led them to care for their parents, blamed for thinking of institutionalization, difficulties found not to be prepared to care or do not have another choice.

Even without guaranteed to have the company or care, these ideas raise questions at the time of motherhood choice. Although the mother-woman idea is still present, "there are changes in the way of conceiving reproductive events"¹³. The reproduction notion linked to the female body permeates the collective imagination. However, it is understood that the body gains new contours and meanings. Society enables women varied life dimensions beyond motherhood. Today, there is an appreciation of the professional work of women in the public medium, which does not exclude the role of mother and wife, which marks the transition⁴ mother-woman to woman able to make other choices, working out, etc.

It is understood that the decision not to be a mother, even if this desire is complex since it arouses mixed feelings, it includes the expectation of the paper or utility that is attributed to a child. The woman who chooses not to need maternity reflect the choice and be aware that child is not synonymous with caregiver, company or even fulfillment of their wishes.

THE SOCIAL BODY AND OLD AGE

Another issue mentioned was the son as support in old age. The Brazilian population is aging rapidly, increasing social demands for public policies that can meet the needs of this audience. The family, the state, and society have the responsibility for elderly care, however, in practice, it is the family, above all.²³

It is known that the aging phenomenon is an important social issue and not the state, family or aging people are prepared to face it. This concern has permeated the narrative, from the moment that highlight the lack of child as company or security in old age, to the need to plan for the aging.

Therefore, I think that... you need, like any couple, to think of your future, to build what will be the possibility for the aging, imagine whom you can count on. [...] I believe that it is possible you have a network of relationships, today, as in the future, you can help me take care of me, and my children or not. Moreover, so, I have no concern with this different future, because I do not have children. The concern I have with the future I think it would be the same with or without them, it is not, I need to do with the future. Moreover, I need to prepare myself for it, with or without children (Collaborator 17 - married 41 years old).

The function of caring for the elderly or vulnerable mother can be made voluntarily from verbal or as legal obligation agreements, as in Brazil, the Elderly Statute provides "the son as one of the maintainers of elderly parents, having rights and duties on them."²² However, many children are not prepared or willing to play this role. The kind of relationship between mother and child is an important factor in this direction but does not determine the exercise of that function.

An interesting aspect to be highlighted is that there is an old age feminization process, more than half of the elderly population are women who, because of this, are the largest dependent care and public policy.²³ This concern was present.

Another thing that worries me when you speak of public policy, which is in my best interest, including because historically in our culture, parents care for the children, parents get sick, get old [...] Today with this demand that all leave for work, there is a much greater demand for nursing homes, because in the past also people sickened and died, now they do not die, because the technological resources then ensure a longer life [...]. Because this, for us, not only women, and men too, we do not have children, which will be offered as care, unless an asylum? [...]. Moreover, who does not have children? Has no one... and then? Moreover, the population is only getting older, and people are reducing the number of children, and even being able to do this, we do not want to have children... and then? So, I wonder if so... are... I was thinking these days... imagine a woman without children, elderly, and if poor, black and crazy [...] because of the feature if you have a Legal retirement you go to a... I do not know, you pay a caregiver, a driver, you go to a private institution, and how it is? This is the problem (Collaborator 2 - married 42 years old).

Concerning about old age, to keep autonomy or independence presented here by cooperating without children corroborates data found in a study on the experience and reflections of motherhood.²⁴ The collaborators report that do not want to be dependent in old age, even having children. They demonstrate also concern health, quality of life and envision new perspectives.

The literature today deconstructs the idea of feminine essence founded in the mission of motherhood, presented in readings on the body and the physiology of women, their feelings, desires and physical and mental functioning. When you disconnect the relationship between source and purpose, it enables to women assume new perspectives and they are not just passive reproductive systems.²⁵

It is possible for a woman experiencing the body in all her aspects and representations. It is the reproductive body that constitutes the female identity; she is built on subjective rela-

tionships that the woman establishes with herself, with others, with the environment and in that bases she choices on her desires. Therefore, a woman should prepare for old age, and for herself, regardless of if having children or not.

SOME CONSIDERATIONS

The changes in the female role, the everyday experiences of women in the labor market and their active participation in society extended their autonomy, calling into question the woman parent ideal. By dissociating sexuality from reproduction, the female body takes on new forms of subjectivity, since the woman sees other life perspectives, not limited solely to the role assigned to it. The production of new meanings to the body has its marks in the maternity, which happens to be a choice, not a condition of gender.

The narrated experiences reveal that the female body is under construction, the woman rejects control and training imposed on it for a long time. From this perspective, it is necessary to rethink the look of public policies for these women in health care, which still favor the reproductive aspects and pregnancy and childbirth. It is important to note that there are policies that favor other aspects of women's health, for example, the health of black women, lesbian, indigenous peoples, to confront the violence of genders. However, it is necessary to carry out its implementation, since most do not have adherence even in the primary health care area to meet these groups of women that do not relate only to maternity or group of diseases related to the reproductive system.

It is expected to contribute to broadening the discussion on the subject and think new interventions that mobilize health professionals, especially nurses so that they can accommodate women without children and ensure comprehensive care, as recommended by the Ministry of Health. As a labor limitation, there is the fact that the to women-mothers on the female body were not listened.

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