

# International Journal of Human Sciences Research

## FROM HOME TO DIAGNOSTIC MEDICINE: A TRAJECTORY OF EMANCIPATION AND THE STRUGGLE FOR TRAINING AND PROFESSIONAL IDENTITY WITH GENDER EQUALITY

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## INTRODUCTION / INITIAL CONSIDERATIONS

The present text aims to discuss gender identity and equality from the emancipatory experience in the person of a woman from family farming, mother and wife, who faced gender barriers and studied medicine, becoming a professional in diagnostic medicine.

The methodology is outlined as an exploratory study, carried out using the informal interview technique with a woman, from the medical profession, from the interior of the State of Paraná.

The theme was developed through dialogue about her life, since childhood and adolescence, as a girl in the interior of Paraná. Her life trajectory as a woman, wife, mother in a rural world of large-scale commodity production; about her initial experience as a woman in inhospitable regions, her main difficulties and limitations related to gender in the rural world of that time, her main motivations for studying medicine at ``Universidad de Santa Cruz de La Sierra``, in Bolivia; about her experience of gender identity in the field of medicine, since medical school, and later in medical practice here in Paraná and the role of culture in forging an identity as a woman/doctor; about what she believes her contribution to women's lives is when they are treated by a woman doctor; about their perceptions surrounding taboos, oppressive cultures that still affect women in the face of exposure and care for their bodies in the field of medical diagnoses; her opinions on religion and gender, that is, the role of religion in the emancipation of women and on the interference of religion in women's freedom in their search for equal rights in society; about the biggest challenge at work from the perspective of women's health; and about your opinion regarding the Sustainable Development Goals (SDGs), through which

the UN has challenged signatory countries to "achieve gender equality and empower all women and young people" (SDG 5).

From the Research Project: "Ethics, bioethics and ideologies: interrelationships in organizations, communities, formal, popular and environmental education from the perspective of sustainable rural development", linked to the Research Line Territorial development, environment and sustainability rural area, from the Postgraduate Program in Sustainable Rural Development (PPP-DRS), from ``Universidade Estadual do Oeste do Paraná`` (UNIOESTE), we developed research on gender in contexts of rural development, on sustainability and gender equity. In the diversity of women's experiences and struggles for emancipation and gender equality. With this objective, we investigated the trajectory of a woman, daughter of a father, farmer and rice processor (a farmer who owned a rice husker) and a stay-at-home mother, with 6 children and a farmer. When she left home, at the age of 15, she married a rural worker (employed on a soybean farm), formed a beautiful family, but still carried with her the desire to pursue higher education in medicine.

The fate of this young, feisty and tireless lady held a surprise for her. And, it wasn't about a material good. It was about her desire, her faith and her belief in God. After working hard for her life, mother of 3 daughters and 1 son, in 1994, at the age of 34, God placed her in front of the Universidad Cristiana de Bolivia (UCEBOL), on the Medicine course. Without thinking, she began studying frantically, believing that the language would be her only opponent, which then quickly became familiar. And, obstacles appeared in the first two months of the course. Her middle daughter, aged 8, had a serious health problem and had to stay in the ICU for a week, with regular psychotherapy treatment because they believed it could be spiritual so that the

protagonist of this story could not tell it in the future, that is, the doctors did not make a diagnosis for the case, they only treated the symptoms that, according to themselves, were spiritual.

This way, we began to interview this hopeful and confident woman in her desires, where she broke barriers to become a reference in the area of diagnostic imaging and, consequently, help many other women who need humanized health services.

## **ABOUT THE INTERVIEW, FOLLOW ITS FULL TEXT**

Leila Bernabe and Alвори Ahlert (PPG-DRS, Unioeste) – Initially, we would like to express our gratitude for accepting to participate in this research and granting this interview. You could start with an introduction: her life, since childhood and adolescence, as a girl in the interior of Paraná. Her life trajectory as a woman, wife, mother in a rural world of large-scale commodity production. What were her main motivations?

Neide Calixto – I was born into a poor family that lived on the outskirts of the city of Boa Esperança/PR. My family lived on a farm, in a small wooden house, with a wooden floor and a straw mattress. I went to school early, sat at those double desks and, for snacks, took food from the cauldron. I wrote with the greatest perfection in the world. My teacher was called Alzira. When I came back from school, I did my homework under a tree called ``canelinha``.

I sat at the root of this tree and there I studied and did my homework, because I didn't have a table to study at. When I finished, I helped my mother chop wood with the axe. My mother chopped and I tied the bundles of firewood to help my mother carry them. I would also go to the mine to help my mother wash clothes. This was a Neide. Next to this Neide, I had a dream. Since I was a child, I

wanted to be a doctor. And I didn't know and I had never seen a doctor, because my father had never taken me to a doctor. I made my father buy some books, which they sold on the farm road. Then, I started reading those books and, when I was nine years old, I wanted to learn how to inject. We were very poor. I used to fight when my father signed my school report because he had bad handwriting. He didn't have much education. And, I wanted him to sign the report in the same handwriting as the teacher. Next to my house, there was a little wooden church and every day I went there to pray and ask God that I had a dream, that I wanted to be a doctor and God needed to help me, open a path for me.

With that, I started to pray the rosary, which I prayed in the Catholic church. At nine years old, I led the rosary. On the Stations of the Cross, he helped the priest, who came once every fifteen days. Well, I went from the local school to the gym. As the gym was fifteen kilometers from home, my father paid for a van to take us. Then, I went to that gym and stood out because I only had an A. I cried when I got a ninety-five. When I was ten years old, I did injections, I healed people's leg wounds, locally. Wherever I knew there was a patient, I went there. And I didn't have a doctor to inspire me. And not a pharmacist. Father made medicine for us at home.

I wanted to change. And, I thought, I'm going to pack my things and go in search of my dream. And so, at thirteen years old, I already had this idea fixed in my head. I started dating when I was fourteen and, when I was fifteen, I met Valdir and after 60 days of dating I decided to go away with him to Maringá. He became my husband. My father couldn't accept that I had run away from home. My husband was also very poor. He was a worker, but he also had no financial means. But I thought, I'm going to fight, at least I'm going to leave the farm and live in Maringá. I thought that up

front there was a ladder that I had to climb so I could say victory from up there. We started a family. That was the first frustration. I stopped studying for good. I saw my dream collapse, but I didn't lose that desire to build what I dreamed of so much. At the age of 16 I had my first daughter, Leila.

Afterwards, my husband wanted to go live and work in Mato Grosso, opening a farm to plant soybeans. Again, my dream collapsed. In that place there were only about six shacks and about a hundred spinning tops, 75 kilometers away from the nearest town. It was the border of Goiás. Alto Taquari. There was nothing. It was people killing people. I thought: My God, what can I do here? I give myself to God for everything. I stuck to the Bible, because there was no church. When it was five o'clock in the afternoon, at sunset, I would go behind my house, open the Bible, kneel on the floor and read two, three psalms. And there was my prayer. And I wasn't sad. I was happy because I knew that one day God would take me out of there so I could continue my dream. I soon became pregnant with the other baby. In that place, I didn't do prenatal care. I had the babies through natural birth. Always putting God first. When Leila needed to start going to school, I went back to live in Maringá. And I wanted to go back to studying, I discovered the supplement and started studying with Roberto Marinho's books. And everyone laughed at me and said, wow, but do you think you're going to take the entrance exam with that book? I said, I don't know. I didn't even know what the entrance exam was. Finally, I finished high school. I thought, now I want to take the entrance exam, but people said it was very competitive. So, I went after the Drumond course. I had never seen a booklet and suddenly I came across the ones from the course all in color. I was very emotional. As UEM-Maringá didn't have a medicine course yet, I signed up for the Chemistry course.

I needed 240 points and I passed with 817 points and came in 17th place in the general UEM classification. I was very happy and sad at the same time, because it wasn't medicine yet. I attended the first year and at the end of the second year, my husband wanted to live and work in Santa Cruz de La Sierra, Bolivia. I stopped my course at UEM and started medicine in Bolivia. The first, second and third years were difficult due to the adaptation, the youngest daughter's illness, the language, but I overcame it. In the fourth and fifth year, my husband had lost everything there and I had to return to Brazil. I was alone, living in a room to finish half of the fourth year and the fifth. As I was a good student, the university granted my request to do my internship in Brazil. I managed to stay at Hospital Santa Rita in Maringá/PR. Finally, I finished the course, with great difficulty. My sister Zilda took care of my 3 younger children for the last 2 years. Leila, my eldest daughter, had already gotten married. After finishing the course, I started fighting for revalidation. I managed to revalidate at UEL/PR and, I thought, now I need to specialize, but I didn't have the time or money to attend a medical residency. That's when I discovered the ultrasound course in the city of Ribeirão Preto/SP. I spent 30 days learning, returned to Goioerê and started taking exams. Afterwards, I returned to Ribeirão a few more times to complete the course and, the next day, I signed up for the qualification test for sonographer and passed. I got my RQE (specialist qualification record). And since then, after 15 years as a specialist, I have never stopped studying. I have a postgraduate degree in psychiatry and ICU as well. I am currently 63 years old and work as an ultrasound doctor for the health consortium of Campo Mourão and the region, covering 25 municipalities. I am an emergency physician on duty at Santa Casa de Misericórdia de Goioerê, I provide psychiatry

at my clinic and I am an ultrasound professor at the school, based in Maringá.



Photo 1: Mrs. Neide, in extension, in the third year of the Medicine course, at the Universidad Cristiana de Bolivia (UCEBOL), in Santa Cruz de La Sierra/BO.

Source: personal archive

Leila Bernabe and Alvorí Ahlert (PPG-DRS, Unioeste) - What was your initial experience like as a woman in inhospitable regions? What were the main difficulties and limitations related to gender in the rural world of that time? What were your main motivations for studying medicine at ``Universidad de Santa Cruz de La Sierra``, in Bolivia?

Neide Calixto – First, fear and insecurity, for a long time, took over me. I was a single woman among 100 men on that farm. I was invisible. Only my husband could see me. I felt very small and alone. God has always been my great companion. My main motivations for studying medicine in Bolivia were my children. I couldn't be there idly waiting for whether or not it would work out for my husband. Just as I had no choice, I also had no time to waste. And, moreover, the dream of the course was within my reach.

Leila Bernabe and Alvorí Ahlert (PPG-DRS, Unioeste) – What is the experience of gender identity in the field of medicine, starting from medical school, and then in medical practice here in Paraná? What is the role of culture in forging an identity as a woman/doctor?

Neide Calixto – As a woman and doctor, I have always faced two prejudices. The first in relation to training as a doctor in Bolivia and, secondly, between my decision of conduct compared to the decision of conduct of the doctor – male, I was left behind. For many, many years I needed to constantly prove that I was capable and that they could trust my conduct.

I see that culture enhances the male doctor, gives him more credibility and, within the field in which I work, imaging diagnosis, you hardly see women working there. The specialty has a male predominance. So, if I don't position myself as an authority on the subject, I won't be able to stay in the middle.

Leila Bernabe and Alvorí Ahlert (PPG-DRS, Unioeste) – What do you believe is your contribution to women's lives when they are treated by a woman doctor?

Neide Calixto – I see that I contribute to the well-being of these patients during the exam, as they feel more comfortable, including reporting or questioning their health problems and others, which go beyond the organic. I deal daily with women who have lost their faith, faced with a difficult diagnosis, but God, very present in my life, welcomes me so that I can support this suffering.

Leila Bernabe and Alvorí Ahlert (PPG-DRS, Unioeste) – What taboos, oppressive cultures do these women still carry in the face of exposure and care for their bodies in the field of medical diagnoses?

Neide Calixto – Yes. These women still have taboos such as avoiding endovaginal exams, for example. Breasts are also a cause for concern for them and they have the culture that they only seek examinations after showing that something is not right. A small margin of these women seeks preventive exams.

Leila Bernabe and Alvorí Ahlert (PPG-DRS, Unioeste) – Regarding religion and gender, how do you perceive the role of

religion in the emancipation of women? Or does religion interfere with women's freedom in their search for equal rights in society?

Neide Calixto – With me, I was very attached to religion and gave myself to God because I was convinced that my dream would come true and I believed in Him. This way, as a woman going through so many trials, I sought faith in God and she put me where I am today. My faith in God did not let me stop in time, it emancipated me from any type of dependence.

Leila Bernabe and Alvori Ahlert (PPG-DRS, Unioeste) – What is the biggest challenge you face in your work from the perspective of women's health?

Neide Calixto – Although I know that it is not up to me to make these women arrive at the clinic to take their exams, I live with the challenge of seeing many exams with their requests out of time, the ideal gestational age, for example. I'm desperate to see a pregnant woman who must have had the exam at 20 weeks and will do it when she's 24. This is the biggest challenge today. There are situations that the patient cannot wait and, seeing that it got worse because the exam was not carried out on time, is a huge challenge. I do my best for them.

Leila Bernabe and Alvori Ahlert (PPG-DRS, Unioeste) – The United Nations, through the Sustainable Development Goals (SDGs), has challenged signatory countries to “achieve gender equality and empower all women and young people” (SDG 5). What actions do you see, from the field of diagnostic medicine, to achieve the goals proposed for this area?

Neide Calixto – First, suppress the prejudice that exists in the area of diagnosis solely due to gender. In our country, the diagnosis signed by the male doctor is unquestionable. I feel

this a lot when, for example, in a serious case, I contact the patient's attending physician to report about the exam. I believe that the situation has to be dealt with from the inside out, that is, from the family to the university benches so that we, women, do not suffer humiliation and prejudice just because we are women.

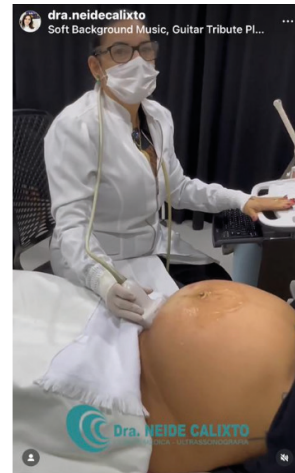


Photo 2: Dr. Neide Calixto, in 2023, performing an ultrasound exam, at her clinic, in the city of Goioerê/PR.

Source: personal archive

## CONCLUSIONS

The daily battle and faith have always gone together with Mrs. Neide. She didn't give up because she knew that God had prepared something huge for her life. And then, it happened. She gained freedom of choice in the face of resistance to so much criticism and judgment, both within her family and society, however, her choice won. She also overcame prejudice for being a woman and, coincidences aside, ultrasound chose her so that she could continue the fight for the freedom of being a woman, a doctor and a specialist in a field dominated by the male gender.