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The social invisibility of illness among elementary school teachers in Brazil

Invisibilidade social do adoecimento de professores da educação básica no Brasil

Researchers from different locations, theoretical lineages, and methodological approaches have produced consistent evidence over the past decades regarding illnesses among teachers, as evidenced in a publication¹ by the authors of the Letter², which we have the honor to respond to via this medium. However, no actions have been taken to solve the problem. Our colleagues ask: what examples or policy suggestions can we provide? Should it be up to researchers to join forces and suggest changes?

The absence of concrete programs has been attributed to deficiencies in studies, which are rarely concerned with developing policies³. However, an interdisciplinary study recently made progress by focusing on public policies in this area⁴. In another direction, the problem has been attributed to social silence, a situation responsible for keeping the quality of public primary education outside the institutional agenda⁵, which, in turn, is considered to be linked to the protection of teachers⁶. Some also argue that neglecting the right to education is consistent with the lack of interest in meeting the needs of the lower classes, as well as a reflection of the undervaluation of the teaching profession⁴.

From a broader perspective, we identify several sets of factors contributing to the social invisibility of illness in the workplace, explaining the peripheral position of worker health policies. First, social tolerance allows for the acceptance of bodily impacts, accidents, and suffering in workplaces. Accidents in motorcycle delivery, cardiorespiratory insufficiency due to silicosis, disability caused by musculoskeletal problems, mental illness in the telecommuting sector, to be brief, persist in official statistics⁷.

Second, the hardships and suffering of citizens are not immediately addressed by public officials. The less power a group has to “sensitize” those in higher positions, the lower the chance of attracting the attention of decision-makers⁸. Could this be the case for elementary school teachers?

Third, the construction of the national education system is an unfinished project since, among other reasons, it has not yet achieved the unity of the different federative entities, as postulated, to decide on the educational services offered in the national territory. Note that the principles of Brazilian educational policy were defined in the Federal Constitution of 1988 and in the Brazilian National Education Guidelines and Framework Law⁹. The emphasis on valuing the teaching work and teachers is part of these principles. For almost a decade, the legal apparatus has regulated the national professional pay floor, the workload dedicated

to extracurricular tasks, and the exclusive dedication to a single school, but the guarantee of access to these rights is not ensured throughout the national territory¹⁰.

Fourth, the representation of this profession as a feminine mission is part of the process. Women are identified by maternal instinct and their ability to care for children¹¹. In this perspective, they would be more inclined to the demands of teaching. Gender stereotypes of this kind also justify the inequality between sexes in the distribution of household tasks and caring for children and family members. Yes, the effects of working conditions have probably been exacerbated by the burden of domestic work, and vice versa. Note the multidimensional nature of musculoskeletal problems¹². Furthermore, the heterogeneity of methods and the type of sample selection pose a recognized barrier to comparing results. Our study¹² evaluated the prevalence of absenteeism in a probabilistic sample, using self-reports, whereas a large portion of studies in this area is based on administrative records.

Regarding devaluation, it is a recognized phenomenon that depends on a complex web of relationships in society and in the specific sector of the professional practice. In this process, the degree and type of specialization required of the professional and the income earned by them are important factors¹³. Likewise, occupational segregation by sex results in the devaluation of professions that are clearly feminine, with negative effects on remuneration and social prestige¹¹. Brazil stood out in 2021 among those countries that paid their teachers the least¹⁴; with teachers being in the last position in terms of social prestige in the ranking among countries¹⁵.

Historiography has confirmed that the accumulation of knowledge has not been sufficient for the State to act, despite the significant costs associated with work absences, disability, or early retirement related to occupational hazards⁷. Disseminating our results and undertaking shared projects, as suggested², are necessary strategies for producing occupational health public policies. However, note that, up to this point, the mentioned factors challenge the postulate of the primacy of scientific evidence to ensure better health for workers⁷.

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