

# Nursing activities in the care of the indigenous population of the base pole of the interior of the Amazon

**RESUMO** | Objetivo: conhecer a atuação da equipe de enfermagem na assistência a população indígena do polo base Mamori. Método: estudo descritivo, exploratório e transversal com abordagem qualitativa, realizado no período de dezembro de 2019 a janeiro de 2020, com quatro enfermeiros e oito técnicos de enfermagem que prestam assistência no polo base de Mamori no município de Eirunepé do Estado do Amazonas. Os dados foram coletados através de um roteiro de entrevista, após foram transcritas na íntegra e submetida a análise dos dados, que seguiram as etapas da análise temática de Minayo. Resultados: foram identificadas duas categorias, desvelando-se as ações da equipe de enfermagem (1), os a atualização ao contexto social e cultural dos povos indígenas (2). Conclusão: a equipe de enfermagem desempenha uma ação atuante de acordo com as especificidades das duas etnias, ao possuir uma assistência criativa, fazendo uso de estratégias que se relacionam e respeitam os saberes tradicionais.

**Descritores:** Cuidados de Enfermagem; Serviços de Saúde do Indígena; Profissionais de Enfermagem.

**ABSTRACT** | Objective: to understand the performance of the nursing team in assisting the indigenous population of the Mamori hub. Method: descriptive, exploratory and cross-sectional study with a qualitative approach, conducted in the period from December 2019 to January 2020, with four nurses and eight nursing technicians who provide care in the Mamori hub in the municipality of Eirunepé in the State of Amazonas. The data were collected through an interview script, after they were transcribed in full and subjected to data analysis, which followed the steps of Minayo's thematic analysis. Results: two categories were identified, unveiling the actions of the nursing team (1), and the update to the social and cultural context of indigenous peoples (2). Conclusion: the nursing team performs an active action according to the specificities of the two ethnicities, by having a creative assistance, making use of strategies that relate to and respect the traditional knowledge.

**Keywords:** Nursing Care; Indigenous Health Services; Nursing Professionals.

**RESUMEN** | Objetivo: conocer la actuación del equipo de enfermería en la asistencia a la población indígena del núcleo de Mamori. Método: estudio descriptivo, exploratorio y transversal con enfoque cualitativo, realizado en el período de diciembre de 2019 a enero de 2020, con cuatro enfermeras y ocho técnicos de enfermería que prestan atención en el núcleo de Mamori en el municipio de Eirunepé en el Estado de Amazonas. Los datos se recogieron mediante un guión de entrevista, tras lo cual se transcribieron en su totalidad y se sometieron a un análisis de datos, que siguió los pasos del análisis temático de Minayo. Resultados: se identificaron dos categorías, revelando las acciones del equipo de enfermería (1), la actualización al contexto social y cultural de los pueblos indígenas (2). Conclusión: el equipo de enfermería desempeña una actuación acorde con las especificidades de las dos etnias, a fin de contar con una asistencia crítica, haciendo uso de estrategias que se relacionan y se inspiran en los conocimientos tradicionales.

**Palabras claves:** Cuidados de enfermería; Servicios de salud para indígenas; Profesionales de la enfermería.

## Vanessa de Oliveira Gomes

Student, Undergraduate in Nursing, Student at the Federal University of Amazonas, Coari-AM, Brazil.

ORCID: 0000-0002-1710-5680.

## Deyvylan Araujo Reis

Nurse. PhD in Sciences, in the Program: Nursing in Adult Health. Adjunct Professor at the Manaus School of Nursing (EEM) at the Federal University of Amazonas (UFAM), Manaus-AM, Brazil.

ORCID: 0000-0001-9314-3745.

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## INTRODUCTION

Worldwide, indigenous peoples are represented by a quantity of 370 million self-declared indigenous people, which is equivalent to 5% of the world population distributed in 90 different countries, with 7,000 languages among 5,000 cultures exposed to the most diverse vulnerabilities and social inequalities. (1)

In Brazil, the health of indigenous peoples has been gradually gaining its space and recognition, it recalls its great progress in the 1999 decade,

that, historically, over the course of discussions in defense of the rights of native peoples, the concept of the Indigenous Health Care Subsystem (SASI - Subsistema de Atenção à Saúde Indígena) emerged, created by Law No. 9,836/1999, which guarantees primary care in indigenous territories. (2)

Differentiated and complementary care came into being with the creation of the National Health Care Policy for Indigenous Peoples (PNASPI - Política Nacional de Atenção à Saúde dos Povos Indígenas), with the purpose of guaranteeing absolute health care, in

addition to providing access to quality health care, respect and integration of sociocultural knowledge, which is linked to the process of re-democratization during the 1980s of the public health system. (3)

At the primary level, the organization of these services is under the responsibility of the 34 Special Indigenous Health Districts (DSEIs - Distritos Sanitários Especiais Indígenas), which are integrated into the Unified Health System (SUS - Sistema Único de Saúde), guided by the central model of indigenous health management, to serve these populations based on geographic, cultural and demographic criteria. These districts are intended to serve as health service points, in which they have equipment for simple occurrences, which do not require the assistance of a Regional Hospital. (4-5)

The attention to the indigenous population requires from health professionals an updated training based on the singularities of each ethnic group, it is highlighted that it is of paramount importance to prepare all human resources, so that effective behaviors can be promoted, according to the specificities of each indigenous ethnicity. (6)

In the international literature, studies show that among the care activities that nursing teams perform in indigenous territories, participation in the development of health plans that meet the needs that benefit indigenous peoples' access to health services, as well as the development of health education actions in the communities. (7-8)

The care provided by nursing technicians is highlighted, such as home visits, administration of vaccines and health education in communities. Nurses are responsible for supervising the nursing team, participating in the creation of prevention and health promotion strategies, as well as proposing solutions to health problems, nursing consultation, medication administration. (9)



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Through this, this study will understand the care work, from this the process of planning, implementation and development of care that are developed in the Kulina and Kanamari indigenous territories, which will provide subsidies for new care methodologies. Thus, there is a lack of published studies in the field of indigenous health, on the performance of these nursing professionals in the State of Amazonas.

The study in question is guided by the following guiding question: What is the role of the nursing team in assisting the indigenous population? Aiming to know the role of the nursing team in assisting the indigenous population of the Kanamari and Kulina ethnic groups registered at the Mamori base in the municipality of Eirunepé, Amazonas.

#### METHOD

This is a descriptive, exploratory and cross-sectional study with a qualitative approach (10), carried out with a nursing team that provides assistance at a base center in the municipality of Eirunepé.

The municipality of Eirunepé is located on the Juruá River channel in the southwest of the State of Amazonas. Access is by river (on average 12 to 15 days by ferry) and by air (on average one to two hours of flight). It is considered a central city in zone B, as it exerts an influence on the urban network of its micro-region, where its population is growing according to the IBGE, with 30,665 inhabitants being registered in 2010, of which 72.3% (22,166) considered themselves urban. (11)

The choice of this institution is related to the geomorphological singularities of this region and because it is one of the researchers' areas of work. The Mamori base center has an administrative headquarters and a Support Home for Indigenous Health (CASAI - Casa de Apoio à Saúde do Índio) located in the city. Thus, health care services are

made available to 35 villages, carried out monthly for 15 days in the villages.

The study subjects consisted of nursing professionals, the sample was chosen by the total number of contracted workers, which corresponded to four nurses and eight nursing technicians, totaling 12.

As inclusion and exclusion criteria, professionals who work with the Kanamari and Kulina ethnic population in the urban and rural areas of the municipality of Eirunepé, of both sexes, having at least three months of professional experience were selected. Nursing professionals who declared themselves indigenous were excluded from the study, which resulted in the final participation of 12 professionals.

These professionals provide nursing care to 2,415 indigenous people belonging to two ethnic groups, Kanamari and Kulina in the municipality of Eirunepé, Amazonas.

Data were collected from December 2019 to January 2020, through a semi-structured interview script, which the researchers developed specifically for this study.

Given the schedule with each participant, the interviews were carried out later in a reserved place in one of the rooms of the Casa de Apoio ao Índio in the municipality of Eirunepé, so as not to expose the research participants, it is important to note that the interviews with the study subjects were recorded using a voice recorder with the consent of the professionals, later transcribed in full with good quality and keeping the form of expression of each interviewee. All signed the Informed Consent Form in duplicate.

The interviews were recorded, then transcribed in full and submitted to data analysis, which followed the steps of Minayo's thematic analysis (10), which followed the following steps: pre-analysis, exploration of the material or codification and treatment of the obtained results and interpretation.

To preserve their anonymity, the participants received a pseudo-identification, that is, they began to be identified with the names of some 32 villages that belong to the Mamori base pole, a tribute to the indigenous communi-



In view of this, in the discourse of the exhibitions it was possible to identify that the nursing team's action plan is based on health programs and the geographic trajectory of each village, this is due to the fact that these places are difficult to access



ties. The study was submitted to the Research Ethics Committee (CEP) of the Universidade Federal do Amazonas and approved under the number CAAE 18392319.6.0000.5020.

## RESULTS

The study subjects consisted of 12 nursing professionals, four nurses and eight nursing technicians. Ten participants were male, with a minimum age of 25 and maximum of 39 years, seven married and five single.

Regarding the completion of post-graduate studies, two nurses were specialists, one in the field of collective health and the other in health management, only one nursing technician has specialization in urgency and emergency.

Most respondents reported living with their family and, about their homes, nine properties are their own, and of the twelve respondents, three share an apartment with friends, in which ten maintained a great relationship in their homes.

The training time in the field of nursing ranged between one and four years and their professional performance in indigenous health ranged from ten months to three years by most respondents. The results obtained by this study emerged through two categories, as described below.

### Category I- The actions of the Nursing Team in the Kulina and Kanamari Indigenous Villages

The goals outlined by the team are based on a set of actions, interventions that are designed to prevent the problems identified by each professional.

In view of this, in the discourse of the exhibitions it was possible to identify that the nursing team's action plan is based on health programs and the geographic trajectory of each village, this is due to the fact that these places are difficult to access.

Planning is done according to the time of year, right?! During the winter season when access is easier, then we plan how to enter the village and stay in the village as well, during the summer we have to make new strategies, due

to the vaccine, right?! (Santa Rita)

According to the deponents Santa Rita and Degredo, among the primary care programs, care with the National Policy for Comprehensive Child Health (PNAISC - Política Nacional de Atenção Integral à Saúde da Criança) and the monitoring of the Food and Nutritional Surveillance System (SISVAN - Sistema de Vigilância Alimentar e Nutricional) stand out. One of the factors for this precaution is due to the high infant mortality rate among the Kulina and Kanamari indigenous peoples of Eirunepé.

Nursing practices are carried out in all programs, but here in our pipeline we pay more special attention to child health programs, right?! Because the mortality rate is high here in this region. (Santa Rita)

I do the child weighing, it is the SISVAN that we do, the nutritional monitoring of the children, we weigh the elderly, pregnant women and we are also responsible for the immunization part. (Degredo)

The activities performed by the nursing technicians were home visits, monitoring the child in the growth and development program, Hiperdia, women's health and other health programs, such as immunization. The nurse is in charge of the nursing consultation, acting in actions to promote and prevent health problems through care and educational programs, as shown in the statements below.

Sometimes I'm responsible for the vaccine, because you have to be careful in the morning and afternoon to make the base, right?! Right, because the temperature has to be between two and eight

degrees Celsius and, you cannot pass that and various types of weighing we weigh the child there, the adults weigh there. (Barreiro)

The activities we do encompass all nursing things, right?! Care for women, children, the elderly, the hypertensive and so on. (Manduca)

The themes of health education actions consisted of health programs, however, special attention is paid to issues related to bodily hygiene, sexually transmitted infections and alcoholism in indigenous territories.

Ah, there are many... every entry into the area, we develop health education, we talk a lot about hygiene, we talk a lot about the use of condoms, so we already link with the STIs, right? (Felicidade)

We have several, we work to raise awareness, such as in relation to communicable diseases, the abusive use of alcohol, cleaning the village, cleaning the house because, for example, we have a lot of tuberculosis issues, there are villages that we have too much. (Paraná)

Thus, to work in the field of indigenous health, it is necessary to have knowledge about different areas, due to the need to meet the specificities of each indigenous people.

### Category II - Update to the social and cultural context of indigenous peoples

The teaching and learning of nurses and nursing technicians must be guaranteed in accordance with the National Policy for Indigenous Health Care. As a result, all the deponents mentioned the desire to include permanent education for human resources working in the field, during the fifteen days that

these people live in the villages, isolation contributes to the outdatedness of new assistance strategies aimed at the context of nursing, according to the deponents Felicidade and Mawetek.



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Of course, I even encourage all my friends, all my co-workers to study and update, to take courses, right? so they can get to know each other a little more and can provide better quality care, right, for these people, right? who are so needy.(Felicidade)

I would suggest [...] some courses for us, because we spend a lot of days in the area and we are losing some new content that appears. (Mawetek)



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gender was more frequent, noting that the insertion of this gender in nursing has been progressive.

In the field of indigenous health, it is essential to have a holistic and differentiated look, so that new health strategies are created and implemented in different territories. For this, the active participation of professional nurses in the planning of health services has shown that their performance contributes to the evolution and reorganization of the health care model of indigenous peoples in Brazil. (14)

Assistance services are organized according to the attributions in the context of primary care. It was revealed in a bibliographical study on nursing care to the indigenous population that in primary care, the services provided by this class are divided into three subcategories, the first one presents the role of supervision of nurses to nursing professionals in their daily activities, providing them with support in their doubts or needs in some procedures. (15)

The expressive participation of nursing technicians in this study demonstrates the importance of the role of these people in loco, in providing basic care to indigenous people, however, due to the adversities experienced in practice, the work of these professionals ends up going beyond their legal obligations. (16)

Regarding nursing actions, we highlight the special monitoring of indigenous children, due to the mortality rate of this public in that base pole. In one study, the role of educator that the nurse performs in guiding families on the basic ways of promoting and preventing health problems is highlighted, as well as their duty to monitor children, explaining and teaching puerperal women the effectiveness of breastfeeding in their children's growth and development process. (17)

It should be noted that the topic of alcoholism is one of the findings, which corroborates a study on the abuse of

alcoholic beverages among indigenous people, which revealed that, due to the proximity to urban centers, the level of alcohol due to the insertion of new drinks. In this way, social events such as football games became one of the favorable moments for the consumption and sale of these beverages in the villages, which alters the physical, social and mental well-being of indigenous peoples. (18)

Through this, due to the social inequities that plague indigenous peoples, promoting health education actions on personal hygiene care is of paramount importance for the prevention and reduction of infectious and parasitic diseases.

Thus, the team expressed the importance of seeking and adding new knowledge, of participating in updates, which shows that local management, through the DSEI, provides training for professionals who work in assistance to traditional indigenous peoples, according to the guidelines of the PNASPI. (12)

The limitation of this study is related to the non-generalization of its results by the study participants, as it refers to a group of workers from a certain municipality in Amazonas, in addition to the cultural specificity of each indigenous ethnicity. Thus, the results demonstrate the need for scientific investigation for nursing professionals in the care of the indigenous population, which is a subject that has been little investigated and published.

## CONCLUSION

It is concluded that the nursing team performs an active action according to the peculiarities and specificities of the two ethnic groups, creating and adapting to provide care, overcoming barriers to working in these communities. Thus, it is extremely important to promote visibility on social issues of indigenous peoples in Brazil to encourage



## DISCUSSION

Regarding the predominance of the female gender in studies that analyzed the performance of nursing professionals in indigenous health.(12 -13) However, this study found that the male

the creation of new actions that help health professionals to provide effective care.

There is a need, in the updating of health teams, on the relevant factors for improving the quality of care based on

the cultural aspects of the indigenous people under their care.

Finally, carrying out this study allowed the researchers to unveil the reality of these professionals, in their daily lives with the indigenous peoples

of the villages located in the interior of the municipality of Eirunepé, which strengthens and enriches the theoretical framework of nursing, in the scientific area of traditional peoples.

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