

Protection: dimension of care for settled rural families

Proteção: dimensão do cuidado em famílias rurais assentadas

Protección: dimensión del cuidado en familias rurales asentadas

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ABSTRACT

Objective: To know the health care practices developed by a rural community settled in the northwest area of Rio Grande do Sul, Brasil. **Methods:** Ethnographical based qualitative research, with the use of the Observation-Participation-Reflection Model, and semi structured interviews. Data analysis was performed based on the ethno-nursing analysis guide. **Results:** It was established that care is culturally defined, and it means protection, both in generic and professional care systems. As to generic care, protection becomes a families' survival tool; in professional care, it means support and assistance actions, aiming to improve families' welfares. **Conclusion:** It is evidenced that health care practices articulate both popular and professional care systems, pointing to a necessary knowledge approximation to allow nursing to accomplish a kind of care which is congruent with culture.

Keywords: Nursing; Culture; Nursing care; Rural settlements.

RESUMO

Objetivou-se conhecer as práticas de cuidado em saúde desenvolvidas por uma comunidade rural assentada na região noroeste do Rio Grande do Sul, Brasil. **Método:** Pesquisa qualitativa de vertente etnográfica, utilizando-se o guia habilitador Observação-Participação-Reflexão e entrevista semiestruturada. A análise dos dados ocorreu com base no guia de análise de dados da etnoenfermagem. **Resultados:** Demonstrou-se que o cuidado encontra-se, culturalmente, definido e significa proteção, seja no sistema de cuidado genérico ou profissional. No cuidado genérico, a proteção torna-se uma ferramenta de sobrevivência das famílias e no cuidado profissional abrange ações de apoio e assistência para melhorar o seu bem-estar. **Conclusão:** Evidencia-se que as práticas de cuidado em saúde articulam os sistemas de cuidado popular e profissional, o que indica como necessária a aproximação dos saberes para permitir à enfermagem realizar um cuidado congruente com a cultura.

Palavras-chave: Enfermagem; Cultura; Cuidados de enfermagem; Assentamentos rurais.

RESUMEN

Objetivo: Conocer las prácticas de cuidado en salud desarrolladas por una comunidad rural asentada en la región noroeste de Rio Grande do Sul, Brasil. **Métodos:** Investigación cualitativa de vertiente etnográfica, donde se utilizó el guía habilitador Observación-Participación-Reflexión y la entrevista semiestruturada. El análisis de los datos ocurrió con base en el guía de análisis de datos de la etnoenfermería. **Resultados:** Se demostró que el cuidado se encuentra culturalmente definido y significa protección, sea en el sistema de cuidado genérico o profesional. En el cuidado genérico, la protección se torna una herramienta de supervivencia de las familias, en el cuidado profesional abarca acciones de apoyo y asistencia para mejorar su bienestar. **Conclusión:** Se evidencia que las prácticas de cuidado en salud articulan los sistemas de cuidado popular y profesional, lo que indica como necesaria la aproximación de los saberes para permitir que la enfermería realice un cuidado congruente con la cultura.

Palabras-clave: Enfermería; Cultura; Atención de Enfermería; Asentamientos rurales.

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Submitted on 06/16/2013.
 Resubmitted on 12/06/2013.
 Accepted on 01/09/2014.

DOI: 10.5935/1414-8145.20140076

INTRODUCTION

Care practices performed by families, individuals and communities are intertwined with the social, cultural and historical aspects, a fact which establishes the relationship of human care with the worldview, social structure and ethno-history¹.

The thematic culture, nursing and care stand out in the Theory of Diversity and Universality Cultural Care (TDUCC)¹, which states that human care exist in different social groups and different cultures perceive, know and practice different careful ways, although there are commonalities in the care of all cultures^{1,2}.

The TDUCC theory welcomes the creation of a subfield of transcultural nursing, built on the premise that people of every culture not only know and define the ways in which they experience and perceive their world of nursing care, but may also relate these experiences and perceptions with their beliefs, lifestyles and general health practices^{1,2}.

Thus, when looking under the societies in a sociocultural way, it is identified the existence of different systems of care, which are defined as generic care system and professional care¹. The generic care system ("folk" or popular) concerns the actions of primary health care, developed in the family perspective, culturally diffused among the people and is not officially provided by the educational institutions. The professional care, on the other hand, involves everything that is learned and practiced by nurses, ie, is formalized in academic and official banks^{1,2}.

The care developed in rural areas and its multiple genesis, show habits and modes of natural life. These characteristics provide meanings that constitute the essence of rural living. For rural families, care is an "external body, in the set of relations that encompass the family, at work and on earth"^{3,4,9}.

However, it appears that the production of knowledge involving the rural theme remains still quite compact, which requires the expansion of knowledge about this theme and the issues that involve them⁴. Therefore, the question is: what are the actions of health care practiced by rural families settled? Given the above, we seek to know the practices of health care developed by a seated rural community in the northwest of the State of Rio Grande do Sul, Brazil.

METHODOLOGY

This is a qualitative research, of ethnographic nature. Ethnography is a study that allows for interaction and exchange between researcher and research subjects, in which emphasis is placed in daily life and subjective, allowing an intense description^{5,6}. In nursing, ethno-nursing was developed as a research method to assist nurses to study, document and analyze the local perspective of the beliefs, values and practices of care perceived and known by a particular culture through their direct experiences².

The scenario in which the research was carried was a rural settlement located in the northwestern region of the state of Rio

Grande do Sul, Brazil, consisting of 53 lots of land, of which only 48 were employed during the study period. The families settled in this locality and study participants are from different camps and the total geographical area of the settlement is 829.55 hectares.

To participate in the study, the following inclusion criteria were considered: a family member have attended the meeting at which the research project was presented; members are over 18 years old; and reside in the settlement for at least two years. The time frame of two years has been stipulated believing that the family would be integrated into the sociocultural context that permeates the community.

During data collection, we used the Model - Observation - Participation - Reflection (OPR)², one of the enablers guides listed as a resource to explain the cultural care and an semi-structured interview. The acts of observation were recorded in a diary, which consists of a notebook in which the researcher observes and notes that it is not subject to any type of interview, day by day⁷. The record of the observations was preceded by an ID consisting of the date, time, place and situations observed in that period. The semi-structured interviews with open and closed questions was presented to families during the observation process, recorded and later transcribed. The sources of information from studies involving ethno-nursing are called key informants and genera². The key informants were purposefully selected and constituted the subjects who had greater ease of communication, in every family and other members of the families were considered general informants.

The collection ended based on data saturation criteria accompanied by a total of four families. Data were collected from February to May 2011. Data analysis was based on the Guide to the Stages of Data Analysis ethno-nursing², which proposes an analysis in four sequential phases. Phase I refers to the collection and documentation of raw data; Phase II, the identification of indicators and descriptors; Phase III, the contextual analysis and current standards; and stage IV, the identification of issues and relevant research findings.

The study was conducted in accordance with the requirements of Resolution 196/96 of the National Council of Health⁸ with project approval by the Ethics Committee under the Certificate of Presentation to Ethical Consideration n^o 0356.0.243.000-10.

The confidentiality of the families participating in the study was preserved through the use of letters corresponding to S 'subject' and F, 'family', followed by the related order number of the interviews. As an example: SF01; SF02; and so on.

RESULTS

In the interface of the study emerged the reports of settler families and participant observation, which means careful protection embodied in generic care system and the professional care system. This practice had become standardized and shared by families during the investigative process.

Protection: popular care practices in families of rural settlement

Families perceive the environment in which they live and work as an immersed context in various environmental risks, accidents at work, therefore it is necessary the care as protection, which is designed as a turning point for maintaining health.

[Care] it is to protect; to care a little bit; to make the most of it to does not happen, sometimes cutting chopping wood, clearing, stepping on a nail, all this there will care, slowly do not get hurt, it is hard because it is a body part [...] (SF01).

A health care practice focuses on protecting, as news of families is modeled in use of rubber shoes.

God forbid in care, and stepped on a snake bite, it's complicated to go to town [seek treatment] (SF01).

"Outside [with the earth] we will work prevented footwear [...] we will always wearing rubber boot because of the serene not to get on our feet, because of the insects, mud, tetanus [...]" (SF04).

The care and protection, also relates to the use of suitable clothing for the temperature and sun exposure, according to records in memo field diary:

In the presence of a breeze, children wear light jackets or long sleeve shirts. On days with a more abrupt temperature drop children and adults seek protection with the most enhanced garments (field diary fragment 15/02/2011, 29/04/2011).

The daily work in a rural community also requires care about sun exposure. The weeding begins as early as possible in the morning, extending to 10h and maximum at noon, lunch time. Families take hats, shirts and clothing consisting of long sleeve and long pants. (Daily fragment field day 15/02/2011, 05/05/2011).

The use of teas also mentioned by families as popular protection. This practice of care usually, is inserted into the lives of families, according to information gathered in the interviews.

[...] I do that champorão [mixture of various herbs for tea] and put on the stove and make them [other family members] to take [...] (SF01).

[...] often we have to help with tea [...] we learn in the courses of motion [reports that participated in courses in herbal medicine] in the camp, some things I knew from my childhood [...] (SF03).

It was found also that the settled families develop care as protection through the act of blessing and other popular beliefs, according to information acquired with families.

The shoes should be placed side by side to enable progress, success, harmony. The land, the house, the animals should be protected by the blessing. To exit 'evil eye', we have to use salt. The dirt of the house should never be wiped out during the night because the darkness brings harmony, happiness, though. The ideal is to bless the sun before entering. (Field diary fragment 16/02/2011).

Families carry some care practices based on solid beliefs involving the lunar calendar and moon phases. These precautions involve the members of the families and the careful cultivation of the land, respecting the planting seasons for each species. The use of anthelmintic, for example, occurs only during periods when the moon is in the waning phase as families believe that intestinal parasites, called 'worms, queers' lying' over, weaker, less abuzz '. (field diary fragment 16/05/2011).

[...] to not set foot on the ground or in summer or in winter, do not leave [the house] and take the evening breeze. My mother always said that the breeze of the night in winter gives flu, sore throat (SF04).

The food also is linked to the maintenance of care, aiming to protect, as in the following quote:

[...] a feed of the countryside [...] does not have to buy everything on the market [...] all this trans [gene]... affects the health of people. (SF02).

[...] to eat beans only on weekends. (SF04).

Protection: professional care from the perspective of settlers

Settled families seek to protect access to health care through specialized consultations, hoping to resolve a grievance considered unexpected health or acute, as evidenced in the statements that follow:

[...] if a problem occurs, the first thing you do is to go to the doctor and take care as much as possible, follow the guidelines that the doctor tells [...] (SF04).

[...] when she attacked [refers to a person's name with the problem], I took in the hospital, a Tuesday, the doctor consulted and gave little medicine for pain and sent him away. On Wednesday night [...] she could not stand the pain again, we returned to the hospital, gave medicine in the vein and sent her back home [...]. The Clinic was not

working [...] it was a holiday that week [...] we will see if in the Clinic there is a paracetamol and other little things [...] (SF03).

An alternative protection and care for the families developed as testimonials to seek professional care system, represented by the hospitals, at times when there is no public transportation (bus), is the use of ambulance services.

If you get sick we call the ambulance [...] (SF01).

[...] They [the Department of Health and Ambulance] come for [...] (SF02).

Yet, when asked to say the meaning of health, it is showed the emphasis the drug as careful protection, according to statements described:

[...] this health issue from the day we came here [cites city name] [...] the current government should already understand and make the request for more medication so many people [...] the product basically we will seek and has [...] medicine is health issue [...] take the medicine on time, we put the phone to wake up and not delay the remedy [...] (SF04).

[...] when he/she [identify subject] got sick had to wait over a week to get the doctor to take [...] who had first attended by [...] then the only thing is unfortunately, to buy medicine [...] (SF03).

The families believe that one way to ensure the health care and protection is the work of the Community Health Agent (CHA), which developed its actions in the community for two years, highlighted in the statements as noted below:

Here the only person we can count on is [name refers], our agent community [...] she always find a way [...] but says it is difficult to [...] (SF01).

We have a health worker [...] help, so if you need an appointment, an examination, an intermediate type, she comes into your house once a month, brings contraceptive [...] (SF04).

DISCUSSIONS

Rural environments and their mode of organization expose families to various environmental risks, which are configured in an aggressive health factors. The hostility that permeates the countryside tends to turn into accidents, with several injuries, evidencing that the hardships in rural areas make up a dynamic process that involves the context in which families are embedded and not only as an oversight or lack of care.

The live in rural environments for families establishes a linked to a work constantly permeated by dangers and possibilities for accidents which routine should protect themselves. The agents that constitute threats to the health of families consist of domestic animals, poisonous animals or tools.

The occurrence of incidents happens during the performance of daily tasks and their consequences can result in functional disorders, diseases with loss of functionality temporary or permanent work capacity and even death⁹. The care with work practice reduces the morbidity, however, it does not mitigate the environmental, ergonomic and accidental risks that families are subordinate.

The caution of the eminent dangers facing families against health allows care practices, such as body protection against the harmful effects of the sun and cold. This care becomes a protection for the maintenance of health, considering that the body temperature outside the range considered excellent (36.5°-37.5° C) can trigger physiological and pathological impairments in human beings¹⁰, reinforcing the belief the dress in disease prevention.

The dynamics of care in families, too, involves the practice of herbal medicine as transgenerational protection, which comprises herbs knowledge, brewing and their indications. The healing power of plants is noticeable and follows human evolution since its birth, as long the healing power of medicinal plants was the primary means available to treat the health of families¹¹.

The beliefs and superstitions also strengthen the practices of popular caution in seeking to protect and represent in symbolic elements impregnated by mysticism. This care plays a role of support to families in different life circumstances, considering that cultural beliefs involve precepts, principles and subjective aspects, which become responsible for establishing an affinity between beliefs and the popular care.

The magic-religious practices, in human life, provide relief to their distresses and afflictions, freeing it from its uncertainties, making it less vulnerable to adversities. As beliefs result, most of the time, influences on the events, in making decisions that promote social impact⁹, including health.

Still, for families, other care practice is to produce and consume their own food, considered a more healthy and affordable food. In the design of the families, they produce their own food ensures survival on earth motivates the continuation of the struggle and also protects health.

The production of food in the settlement relates to the self-sustenance with agro-ecology that avoids the use of pesticides and chemical pollutants inputs, showing, for families, the food available in urban centers do not offer good quality¹². Thus the basic agricultural production of the settled families is a protective factor for health, since it produces a healthy food that does not use chemicals, which are responsible for a number of consequences for the environment and human health¹³.

The various popular care practices developed by families settled demonstrate the protective actions of the problems found in the environment in which they live. It is understood, therefore,

that the popular culture of care becomes a survival tool in the context of families around them, through traditions and customs.

The protection linked to professional care is also remembered by the families in addressing problems related to health. This construct is associated with access to professional health care system, in the form of medical visits, medications, hospital, ambulance and ACS.

Health services available to resettled families are not structured. Difficulties in accessing health services strengthen the settlement and such findings serve to ponder about the failures involving health policies aimed at the rural population¹⁴.

Access to the doctor and their knowledge are recommended, because it presents a rapid response to difficulties in health, however, is not always efficient to the problem. The search for such care does not mean disinformation and knowledge about the diseases, except for emergencies, however, can translate into value overused biomedical knowledge at the expense of popular and familiar knowledge¹⁵ in seeking care and protection.

A quick solution to health problems enables immediate return to work and continuity of protection, however, in specific cases other members of the families are responsible for the activities. Thus, work in health and sickness absence, become stronger, thus the perception of health as an element constantly permeated by culture and social condition.

Realizing that their health is impaired and given the difficulty in reaching a basic network of health services, families drive the service and emergency call via the municipal ambulance to seek care as a form of health protection. The accessibility to the settlers, is intertwined with the possibility that they have to reach health services and solve their problem. Access is to seek and receive health care, as the admission to the network service is not democratized, injuring fairness¹⁶.

The health promotion requires the identification and removal of barriers to adopting safe and healthy public policy, however, health as a social right is an ideal that until today is still being built within the settlement, leaving families on the margins health policies of the Unified Health System (SUS). The lack of collective discussion on the topic in the community is justified by the fact that the biggest concern of all first involves survival on earth, together with the financing and agricultural projects.

Towards protecting families credited to drugs feature prominently in care, as these are associated with healing and health maintenance. Families, to support each other in the pharmaceutical product as a resource for protection, manifest unprotected by the government, represented by the absence of a public health policy in place that provides a response to the expectations of rural health universe.

The practice and the indiscriminate use of various drugs to protect health without displaying a resoluteness become a concern and the relevant regulatory agencies on health, causing many debates. Studies have shown that the result of unfair practices is to unnecessary prescriptions, especially antibiotics and injectable drugs, ineffective and unsafe treatment, exacerbation

of the disease, increased adverse reactions, patient discomfort, damage, increased microbial resistance, lack of access, loss of user confidence in the health system¹⁷.

The professional care and protection finds support in the work of ACS, which is seen as the link of the settlers with the current healthcare system, and its role is recognized by the way in helping families through appointments, exams.

However, ACS should be considered professional educator in health¹⁸ because, among its tasks, it organizes access to health, captures the needs, identifies priorities and detects cases of risk, looking, in a way, and offer the user community attention to health. Thus, the role of this were to be implemented consistently favors the promotion of health, the transformation from problem situations that affect the quality of life for families, or those associated with sanitation, waste disposal, poor conditions of housing, social exclusion, unemployment, domestic violence, illegal drugs, accidents, among many other¹⁸ that contribute to the protection of health of individuals.

It is possible therefore to check that the professional health care emerges ahead to the actions of support, assistance to improve the well-being of families and protect them from the difficulties before the events that make up the rural living. This care becomes bound to biomedical knowledge, the health worker, medication, hospitals, without, however, mentioning the general nursing or nurse, showing a gap that needs to be reviewed and analyzed.

FINAL CONSIDERATIONS

From the completion of this study, it was demonstrated that care developed by the settled families lies grounded in diverse knowledge, permeated by life experience, beliefs and values, which permeate the popular culture of care and professional care.

In the studied culture, health is as synonymous with work, production, to keep the plot of land conquered, making it productive, that demand from families settled in their day to day care actions targeting specific protection. The phenomenon of care, therefore, had an intimate relationship with the social situation in the form of production, with the work of families.

Thus, systems of popular and professional floor care needs associated because the approach allows the knowledge to know the meanings of expressions, patterns, functions and structures of care and to care, enabling the nursing offer a unifying and natural care to families.

Nursing, to exercise caution, search to make approximations between different care modes to develop a congruent care to families, based on cultural knowledge that guide the actions in different social contexts. However, this has not been identified by professional settled as an integral component of the protection process families, becoming of vital importance to understand and compensate for the lack of this professional.

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