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CASE REPORT ARTICLE

CLINICAL RESEARCH PRODUCTION IN INDIGENOUS AREA: EXPERIENCE REPORT WITH THE HALITI-PARESI

PRODUÇÃO DE PESQUISA CLÍNICA EM ÁREA INDÍGENA: RELATO DE EXPERIÊNCIA COM OS HALITI-PARESI

PRODUCCIÓN DE INVESTIGACIÓN CLÍNICA EN ZONA INDÍGENA: INFORME DE EXPERIENCIA CON LOS HALITI-PARESI

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ABSTRACT

Objective: to report the experience lived during the data collection in the indigenous zone Haliti-Paresi. **Method:** descriptive study of the experience report kind, conducted in December 2014 in nine indigenous villages Haliti-Paresi placed in Campo Novo do Parecis, medium region in North Mato Grosso. **Results:** It was conducted clinical data collection including interview, anthropometric data verification, vital signals admeasurements and biological material collection. During the practices it was highlighted the logistical challenges, the constant need of creativity and adaption, and also the remarkable reception of the Haliti-Paresi. **Conclusion:** the research with indigenous people is a challenge, but provides contributions that can guide the health actions to those communities life quality improvement, respecting their values and beliefs. **Descriptors:** Indigenous Health; Research; Nursing.

RESUMO

Objetivo: relatar a experiência vivenciada durante a coleta de dados clínicos na comunidade indígena Haliti-Paresi. **Método:** estudo descritivo, do tipo relato de experiência, realizado em dezembro de 2014 em nove aldeias indígenas Haliti-Paresi situadas no município de Campo Novo do Parecis, região médio norte de Mato Grosso/MT. **Resultados:** foram realizadas coleta de dados clínicos que incluíram entrevista, verificação de dados antropométricos, aferição de sinais vitais e coleta de materiais biológicos. Durante as práticas destacaram-se os desafios logísticos, a necessidade constante de criatividade e adaptação, além da marcante receptividade dos Haliti-Paresi. **Conclusão:** a pesquisa com populações indígenas é um desafio, porém proporciona contribuições que podem direcionar as ações de saúde para a melhoria da qualidade de vida dessas comunidades, respeitando seus valores e crenças. **Descritores:** Saúde de Populações Indígenas; Pesquisa; Enfermagem.

RESUMEN

Objetivo: reportar la experiencia vivida durante la recogida de datos clínicos en la comunidad indígena Haliti-Paresi. **Método:** estudio descriptivo del tipo de informe de la experiencia, que tuvo lugar en diciembre de 2014 en nueve aldeas indias Haliti-Paresi ubicados en Campo Novo do Parecis, en norte de Mato Grosso. **Resultados:** llevaron a cabo la recopilación de datos clínicos que incluyeron entrevista, verificación de los datos antropométricos, la medición de los signos vitales y la recolección de material biológico. Durante las prácticas se destacaban los retos logísticos, la necesidad constante de creatividad y de adaptación, además de la notable apertura de Haliti-Paresi. **Conclusión:** la investigación con poblaciones indígenas es un reto, pero ofrece las contribuciones que pueden dirigir las acciones de salud para mejorar la calidad de vida de estas comunidades, respetando sus valores y creencias. **Descriptores:** Salud de las Poblaciones Indígenas; Investigación; Enfermería.

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INTRODUCTION

The transformations by which the indigenous health care passed begun since the colonization process, with the Europeans arriving, that brought to the Brazilian indigenous a lot of health problems, and also exposure to new diseases by the contact to a huge population contingent to casual commercial trades, what resulted in biological adjusts which the consequences are noticed till today.¹

In view of this health demand, the political organization pioneer in Brazil for indigenous health, was created in 1910, through the protection service to indigenous (PSI), this being replaced in 1967 by the National Indian Foundation (NIF).² By the year 1991 the actions were focused only on meeting the demands of sick people who sought the mobile teams.

From the consolidation of Arouca Law (1999), was regulated the implementation of a differentiated care system to the health of indigenous peoples, were created the Special Districts for Indigenous Health (SDIH). Since then implanted 34 SDIH, spread across all regions of the country. Furthermore, the National Policy for Health Care of Indigenous Peoples (NPHCIP), established in 2002, also brought changes in the health field. More investments were intended to contemplate health actions according to their social, cultural, geographical, historical and policy in all areas of the Health Unic System (HUS).³⁻⁴

The creation of those SDIH had the aim of expanding the coverage of indigenous health in the country. According to the census conducted in 2010, in Brazil there are 817.963 indigenous and Mato Grosso reside 42.538 Indians who are served by SDIH Cuiaba, SDIH Xavante, SDIH Vilhena, SDIH Xingú, SDIH Kaiapo do Mato Grosso and SDIH Araguaia.⁵

The Mato Grosso Indians are distributed in demarcated territories and some changed their territory and today inhabit the Xingu Indigenous Park. Immigration was caused by deforestation of the areas to the environment, and the same for agriculture and livestock. This issue is characterized by the dispersion of small groups is a result of the dispute over the demarcation or enlargement of the areas previously marked and in some cases, the deprivation of land, which resulted in cultural and ecological changes with intensification of the process of acculturation with the contact with the cultural habits of our society.⁶⁻⁷

Regarding situations that influence the morbidity and mortality of this population,

there are the infectious and parasitic diseases such as respiratory infections, malaria, diarrhea, malnutrition and tuberculosis.⁸⁻⁹ It is still important to pay attention to the problem of emerging and re-emerging viruses. One can recognize that, in most cases, the viruses are triggered by human activities that change the environment. In this context, the occurrence of emerging and reemerging diseases in indigenous territory is possible, since the surrounding environment is constantly changing, leaving for some native animals refuge on Indian reservations.

This study investigated the indigenous community Haliti-Paresí, located in the middle north of Mato Grosso. The Paresi call themselves Haliti (people), and are part of an Arawak-speaking nation, from time immemorial, inhabiting the lands southwest of the State of Mato Grosso.¹⁰⁻¹¹

In the descriptions relating to the first contacts with Haliti-Paresí, they appear as meek, docile, affectionate, faithful, averse to war, large farmers and artisans.¹³ Thus, they became both prime target for arrest and enslavement by frontiersmen, and subject to protectionist actions, largely ineffective, the Portuguese crown.¹⁰

The big capitalist investment in the region, such as the extraction of ipecac and rubber, the implementation of telegraph lines under the command of Cândido Mariano da Silva Rondon, in the nineteenth and twentieth centuries, have used workforce of Haliti-Paresí Indians.¹²⁻¹³ Currently, Haliti-Paresí maintain the relationship with non-Indians, held partnerships for agricultural production in their territory and their main source of funding the collection of toll in the MT-235 highway.

The villages of Haliti-Paresí are located in the Middle Northern Mato Grosso region are concentrated in municipalities Tangara da Serra, Campo Novo do Parecis, Sapezal, Diamantino, New Maryland, West Was Won and Barra do Bugres. This area comprises the region cut by the BR-364 highway linking Cuiabá to Porto Velho.¹⁰

According to data of Care Information System for Indigenous Health, in 2010 Haliti-Paresí reached the number of 1.748 individuals. Indigenous land Utiariti has an area of 412.304,19 hectares, located in the municipalities of Campo Novo do Parecis and Sapezal. Residing in the area of the municipality of Campo Novo do Parecis, about 327 indigenous distributed by 9 villages.¹⁴

In 2011, it began a partnership between the leading educational institutions of Mato Grosso (UNEMAT and UFMT), reference center

for research (FIOCRUZ) and health care services (SES-MT and SDIH Cuiaba) to construction of the research project “Health situation of Paresí”, which aimed to find out about the different factors that influence the health conditions of the community since there are no studies that address the health of Haliti-Paresí. Thereby, the objective is to describe the experience lived by the clinical data collection team in the nine villages in Campo Novo do Parecis/MT.

METHOD

Descriptive study from the experience report kind, about the researchers experience and Mato Grosso State University Nursing students and Oswaldo Cruz Foundation (FIOCRUZ/RJ), during the clinical data collection in Paresi indigenous territory (figure 1).

The activities were held in December 2014, this stage of the research project “Health situation of Paresí” (Opinion CONEP 819.939\2014).

The indigenous population where the study was developed consists of 327 individuals living in the villages, Bacaval, Seringal\Cabeceira do Seringal, Quatro Cachoeiras, Chapada, Utiairiti, Sacre 2, Bacaiuval, Morrim and Wazare (Figure 1).

The report was built through cross-cultural perspective, considering the cultural aspects that influence the health disease.¹⁵ It was then decided by the model established by Leininger, which is guided to reflect on the

importance of culture in nursing care, and proposes a research method genuinely nursing, calling for Ethnonursing.¹⁶ This method is focused on naturalistic approach, open to discovery and widely inductive to document, describe, explain and interpret the worldview, meanings, symbols and life experiences of the informants and how they face the current or potential nursing care phenomenon.¹⁷

The trans cultural care is a theory that has as main concern the care based on the beliefs, values and attitudes of each person and culture. It seeks to address aspects of human life in its complexity, considering people as relations of beings, people in the community and family issues.¹⁶

This theory’s use at this study construction, provide us a diving inside those communities universe, serving as incentive to a scientifically grounded caring adoption to be the sustenance of the nursing practices in the most variables health context,⁶ and also, as a way to value the culture that is intrinsic and in some cases sheltered or even forgotten, that at the last years it has been uncharacterized by some behaviors and popular practices from the indigenous community, being by submission to the White man culture force, as, when provide to them abandonments to the Constant contacts with their origins by socio economical, socials and political factors.¹⁸

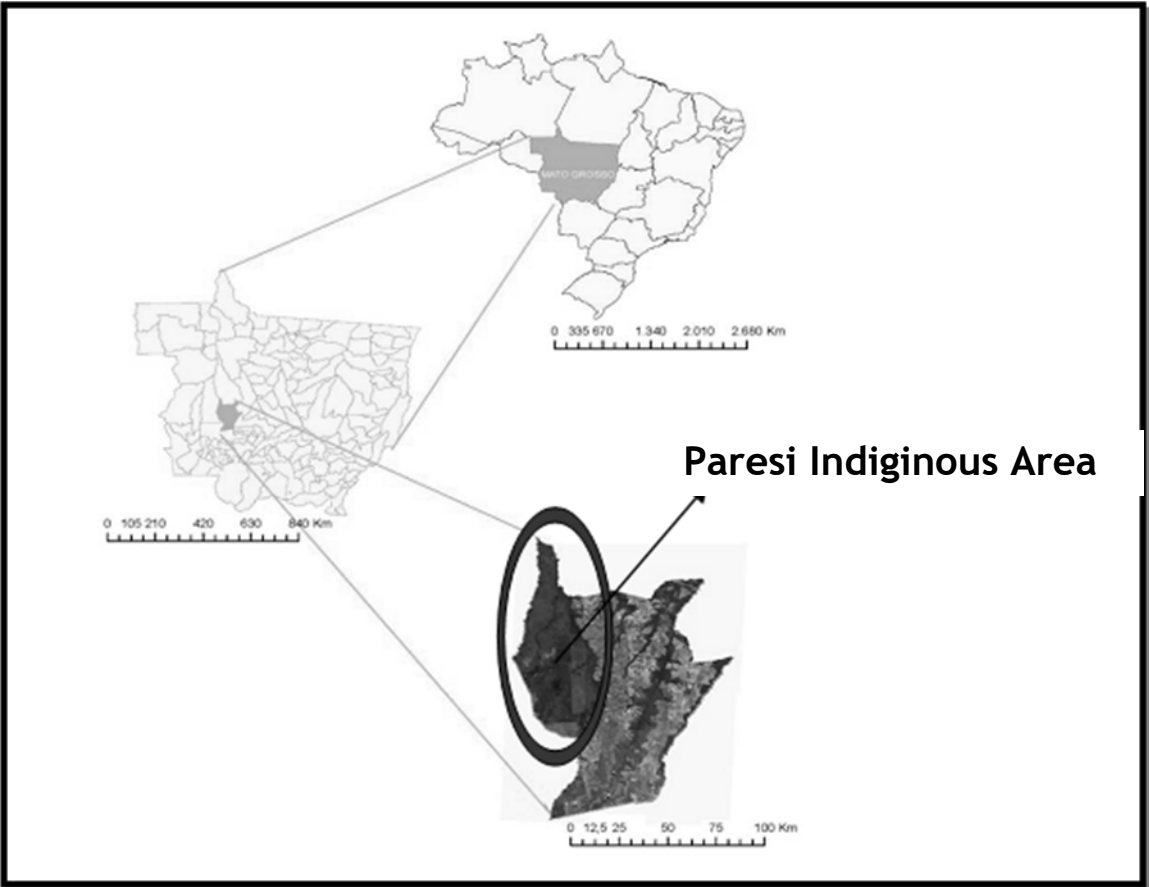


Figure 1. Mato Grosso; Campo Novo do Parecis and Utiairiti indigenous territory location.

RESULTS

● Experience Report

The contact with the indigenous population was always a logistical and economical challenge with material and human resources because of the hard access as for the distance to be traveled and as for the poor ways, river and air transport, however, it is seen the rising necessity to produce knowledge about the indigenous health, in this way the scientifically production at the last 10 years increased sharply, but at the conducted analysis predominated the themes about ethnology, health and politic of indigenous health, showing that the inter disciplinarily has a significant value to the knowledge production about indigenous health.¹⁹

Both in ethnographic studies as in the approaches taken by health professionals, where the challenges are highlighted in relation to access to indigenous populations in scientific studies.²⁰⁻²¹

In contact with Haliti-Paresí community they were also experienced logistical difficulties in this regard some strategies were adopted to minimize them. The scheduling of data collection was carried out with thirty days prior to the chiefs of each village and later a team of three academic nursing and two nurses gathered for the organization of the materials necessary for the study and logistics storage and transportation.

It is noteworthy that a scholarship of scientific initiation is indigenous and lives in one of the visited villages, the presence of it, facilitated access in communities, especially the ease of understanding the communication to those who speak the language Arawak.

It was also observed that the Indian community is organized and interested in taking autonomy for their health care. Four other Indians were found attending graduate in health. The school is about the extent of houses Haliti-Paresí people, for the whole community, and the children attend, acting as the location of the children's meetings and

youth to sports activities, leisure, courses and meetings with visitors.¹²⁻¹³ It is noteworthy that after the end of primary education in indigenous schools, the adolescent is encouraged to continue studies in the schools of the closest municipalities face hours of land travel and crossing rivers, demonstrating the community's concern with education, this search for training is also described by Craveiro.²²

Later the research team sought partnership with private laboratory of Campo Novo do Parecis for temporary storage of samples. This procedure was necessary since stool samples packed MIF should be refrigerated, and frozen serum samples to -20C, and whole blood containing EDTA in liquid nitrogen (under -70C) so that it was possible to enable the samples for further analysis.

Access to liquid nitrogen was a challenge, since the distribution is based only in the capital is located 400 km away, so it was necessary to shift with the cylinder due to supply. The difficulty of access to electric light was present in some villages being minimized by the community organization that sought to provide necessary resources for the operation of equipment through electricity generators. Obstacles as difficult access, availability of materials, infrastructure conditions were also scored in other studies with indigenous communities.²³

As a strategy was then devised a script visit the villages, with daily return to Campo Novo do Parecis municipality for storing the samples, database construction produced and organization of the expedition to the day later. The villages are located between 18 to 100 km away from the urban area of the municipality, requiring displacement on paved roads in poor condition, unpaved roads with sandy bogs and ferry crossing by manual traction (Figure 2).



Figure 2. Manual ferry crossing; Paresí territory; 2014.

For that to happen the sample collection team daily rode a mobile laboratory in every village, in a place that was indicated by the cacique. Usually used sites were barracks and schools, with a view to adequate infrastructure for organization of equipment, however we used home visits to those who did not move up to the point of support.

In the first approach convened by the cacique team presents the project objectives and purposes for Haliti-Paresí people. It is noteworthy that in all the villages Portuguese is fluent language, as well as most also communicate in the language Arawak. In ethnographic study, are also highlighted hierarchy issues of Bahia indigenous community and this behavior is observed in large parts of the Brazilian indigenous communities and the behavior of the cacique to participate in activities and accommodating staff demonstrates to other residents of his village confidence in the activity to be developed.²⁴

Thus, after the conversation mediated chief performed the Terms of Consent delivery to 18 years and the Terms of Consent for children and adolescents between 7 to 17 years. After reading the term accompanied by one of the researchers, occurred confirmation of voluntary participation and the signature of the. Of the 327 indigenous residents were found in 223 villages and of these 210 participated in the study then writing sample.

It gave up early so the collection of personal data, with the interview to fill the data collection form, verification of anthropometric data, measurement of vital signs and blood collection (Figure 3). Vials identified for collection of feces were delivered and carried orientation bottle collection and delivery. The numerical identification of the collection material was

performed earlier (data collection form, test tubes, cryotubes, bottle collector stool and sputum) as a means of maintaining the confidentiality and privacy of participants.

There were handed bottles for sputum collection, because none of the participants had productive cough for more than 2 weeks. The absence of respiratory symptoms differs from previously conducted studies in indigenous areas of Mato Grosso,²⁸ They found that the frequency of tuberculosis is high and the related assistance difficulties given the state of indigenous. It is still noteworthy that studies have identified high annual risk of TB infection among the Xavante.^{25,26}

In 2010, the state of Mato Grosso notified 1,164 new cases of tuberculosis, with an incidence rate of 38,4/100.000. The status of the indigenous population 51 cases were recorded in the same year with an incidence of 119,8/100.000 habitants.¹⁴ Thus, even the absence of symptomatic persons at the time of the study, it is essential to keep monitoring activities in this population.

It is noteworthy that actions of chiefs of each village was of paramount importance for the expedition organization, as they guided their communities advance about the visit of the researchers, and how this research is important for improving the health of people Haliti-Paresí. So on the day of data collection the cacique was contacted and indicated the foothold in the mobile laboratory would be set up.

This leader then called the community to move to the lab, and at this time emphasized the importance of participation of all the projects. One can observe the interest of individuals, as were attentive to the information provided, there was no exclusive age group, with participants from children to seniors.

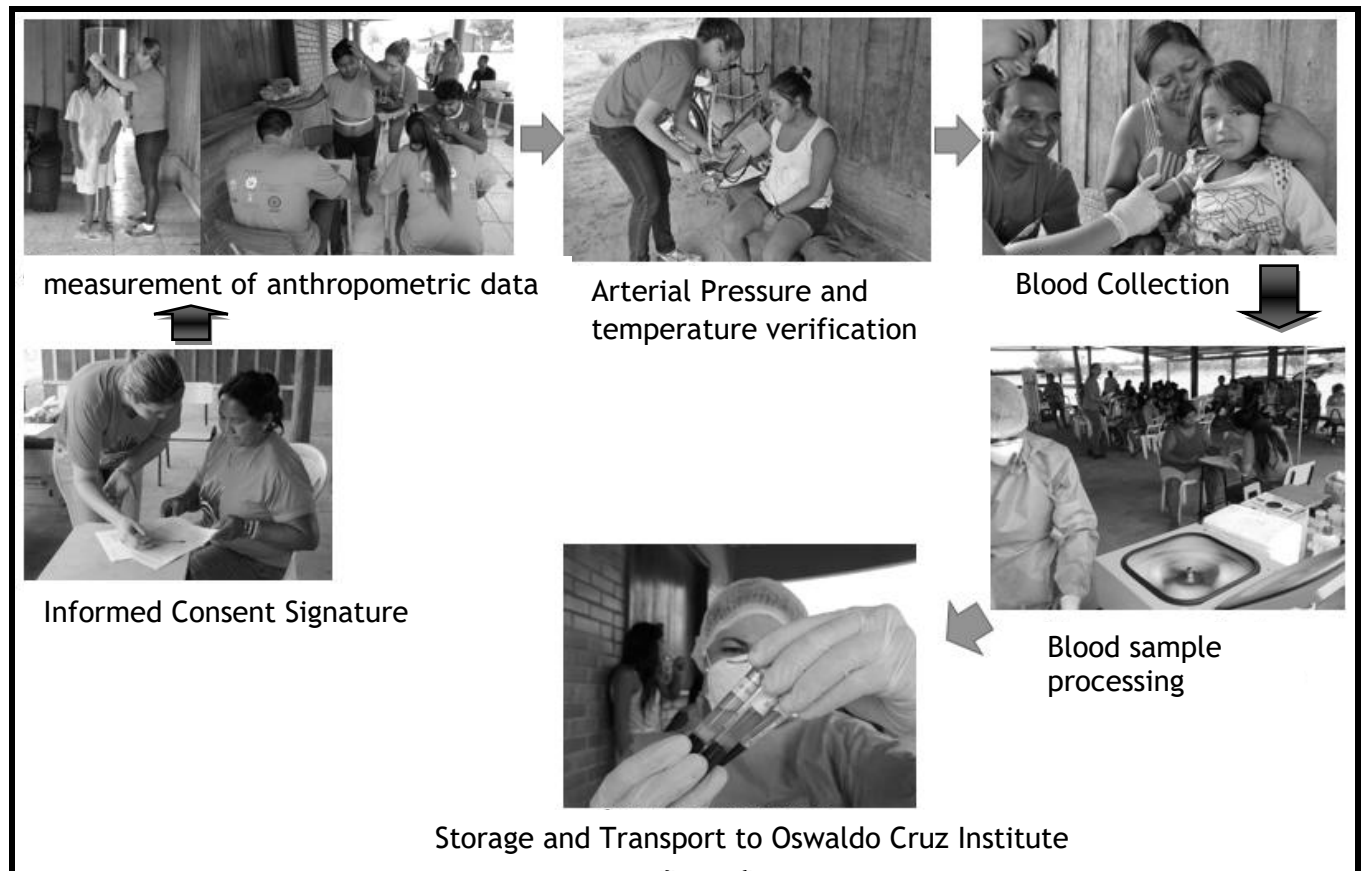


Figure 3. Clinical Data Collection; Paresi Territory;2014.

As encouragement to others, the caciques were the first to undertake the data collection procedures, in addition to other leaders as teachers, indigenous health professionals and non-indigenous encourage participation.

Praise was present in several lines of indigenous during their participation, thanking the presence, the interest in promoting the health of your community and request new studies that help them to promote quality of life. The reception was so intense that community women were organized for staff of the feed preparation, thus demonstrating the characteristic warm welcome of Haliti-Paresí community.

In ethnographic study with Haliti-Paresí it is highlighted the close relationship of this ethnic group with non-Indians, which is conducted in order to enable a necessary adaptation to the dynamism of culture shock arising exposes.¹¹ In the same study the community is described as active and concerned with the maintenance of health and the pursuit of interaction between Western medicine and traditional indigenous culture.

The shaman was present in one of the villages visited, and after meeting the objectives of the study, and participated held ceremonies and religious rituals to bless the work, emphasizing that all the same would be completed successfully.

Traditional knowledge Haliti-Paresí covers the dimensions of the health pivotally disease with nature, drawing her fundamental

elements for healing to take effect. In this sense, we seek harmony between body, spirit and nature so that there is balance and guarantee a healthy stay for the individual and for the community, which is practiced by the shaman.²⁷ To be contemplated with rituals that are used only for community members was possible to see the host and community involvement with the research team.

The child care was also evident, since parents encouraged the participation of their children, even requiring invasive and uncomfortable procedures such as blood collection. Even in the absence of parents, grandparents and uncles took responsibility and encouraged the children, emphasizing the culture of collective care, because the community understands that everyone is responsible for the health of the younger. Note the need for a holistic approach to care that has as its guiding principle the harmony of individuals, families and communities with the environment in the surrounding.² Children always interacted with the staff being present at all stages, sought verbal information, and encouraged the others were next in the process, demonstrating curiosity, interest and fraternal support.

The cultural aspect is very valued by the indigenous population, and was highlighted by the Paresí people. During one of the collections an older chief verbalized only take part in the project was not carried out because the weighing according to their culture, during this procedure the spirit of the individual “leaves the body”, leaving only the

physical structure. Leninger, in his theory underscores how cultural aspects define and direct the individual and the ways in which experience in perceive their world with the general health practices.²⁸ From the perspective of ethnonursing care is the development of the whole mode of human life in which social subjects are redeemed in their concreteness, contexts and historicity in order to promote their autonomy and freedom, with a focus on health promotion, production social of the health-disease.²⁹

In respect to their beliefs and values, the team did not make the weigh this individual, but allowed him access to other procedures. Cultural care involves having professionals with creative decisions, supportive, facilitative or enablers who can help the person in a particular culture to adapt or negotiate a beneficial health results and satisfactory for both parties.³⁰ Since then this information was asked the other study participants who reported not join and \ or ignore this belief. It is observed that the cultural care is the most complex and ample means to get to know, explain, interpret and predict the phenomenon of care that can advise on nursing care practices.³⁰ Even being attended by the indigenous health subsystem and having a pole base in one of the villages the community showed satisfaction with the health Professional presence and the study about the health.

CONCLUSION

Project development with indigenous communities is something very slow currently, because the evolution of the ethics legislation in research with vulnerable populations makes harder the Access and protects them from abusive research practices. Thus, the experience of experiences as reported here are paramount to direct further studies aimed at contributing to improving the quality of life of indigenous.

The obstacles imposed by the logistics, such as the difficulty of access and conservation of biological materials could be overcome with planning, creativity and partnership. The receptivity of Haliti-Paresí made the implementation of data collection pleasurable activities, as social mobilization, encouraging the participation and concern for maintaining health was externalized by the study population. These community actions demonstrate the relevance of research and the need for maintenance studies that address the issues of vulnerable populations.

The possibility of nursing students to experience the practice of clinical research in

its formation, contributed greatly to its insertion in the production of science and technology in Mato Grosso. Encourage new talent to maintain the growth of advanced scientific production in the state is fundamental for the development of this region. It is noteworthy that the team has a stock market that, in addition to academic nursing is indigenous Haliti-Paresí, a fact that demonstrates how indigenous communities seek training and improvement of their health conditions.

After analysis of the data collected, much may be contributing to the quality of life of indigenous communities, including proposing educational and preventive measures for communicable diseases worked in study. Thereby, the cultural studies developed in the nursing area, Will provide benefits to the humanization and to the quality of the provided services.

REFERENCES

1. Brito CAG, Lima NT. Medicina e antropologia: a saúde no Serviço de Proteção aos Índios (1942 -1956). Boletim do Museu Paraense Emílio Goeldi. Ciências Humanas [Internet]. 2013 Jan Apr [cited 2015 Nov 18];8(1):95-112. Available from: http://www.scielo.br/scielo.php?pid=S1981-81222013000100006&script=sci_arttext
2. Santos RV, Cardoso AM, Garnelo L, Coimbra Jr CEA, Chaves MBG. Saúde dos povos indígenas e políticas públicas no Brasil. In: Giovanella L, Escorel S, Lobato LVC, Noronha JC, Carvalho AI, organizadores. Políticas e sistema de saúde no Brasil. Rio de Janeiro: Editora Fiocruz/Cebes [Internet]. 2009 [cited 2015 Nov 18]:1035-56. Available from: <http://amazoni.fiocruz.br/arquivos/category/22-historia-da-saude?download>
3. Garnelo L, Pontes AL. Saúde Indígena: uma introdução ao tema. Brasília: MEC-SECADI; 2013 [Internet]. Available from: http://bvsmis.saude.gov.br/bvs/publicacoes/saude_indigena_uma_introducao_tema.pdf
4. Paula LR, Vianna FLB. Mapeando Políticas Públicas para povos indígenas. Guia de pesquisa de ações federais. Rio de Janeiro: Contracapa/Laced; 2011 [Internet]. Available from: <http://laced.etc.br/site/acervo/livros/mapeando-politicas/>
5. IBGE - Instituto Brasileiro de Geografia e Estatística. Censo demográfico 2010 [Internet]. Acesso em: 02 de março de 2015. Available from: <http://indigenas.ibge.gov.br/>
6. Hokerberg YH, Duchade MP, Barcellos C. Organização e qualidade da assistência à

saúde dos índios Kaingáng do Rio Grande do Sul, Brasil. Cad Saúde Pública [Internet]. 2001 [cited 2015 Nov 18];17(2):261-72. Available from:

<http://www.scielo.org/pdf/csp/v17n2/4172.pdf>

7. Pagliaro H. A revolução demográfica dos povos indígenas no Brasil: a experiência dos Kayabí do Parque Indígena do Xingu, Mato Grosso, Brasil, 1970-2007. Cad Saúde Pública [Internet]. 2010;26:579-90. Available from: <http://dx.doi.org/10.1590/S0102-311X2010000300015>

8. Santos RV, Coimbra Jr. CEA. Cenários e tendências da saúde e da epidemiologia dos povos indígenas no Brasil. In: Coimbra Jr. CEA, Santos RV, Escobar AL, organizadores. Epidemiologia e saúde dos povos indígenas no Brasil. Rio de Janeiro: Editora Fiocruz; 2003 [cited 2015 Nov 18];13-47. Available from: <http://static.scielo.org/scielobooks/bsmtd/pdf/coimbra-9788575412619.pdf>

9. Fagundes U, Kopelman B, Oliva CAG, Baruzzi RG, Fagundes-Neto U. Avaliação do estado nutricional e da composição corporal das crianças índias do Alto Xingu e da etnia Ikpeng. J Pediatr [Internet]. 2004 [cited 2015 Nov 18];80:483-9. Available from: <http://www.scielo.br/pdf/jped/v80n6/v80n6a10.pdf>

10. Canova L. Os doces bárbaros: imagens dos índios Paresi no contexto da conquista portuguesa em Mato Grosso (1719-1757) [dissertation]. Cuiabá: UFMT [cited 2015 Nov 18]. 2001 [Internet]. Available from: <http://livros01.livrosgratis.com.br/cp000214.pdf>

11. Silveira SEM. Cultura Como Desenvolvimento Entre Os Paresi Kozarini [dissertation]. Universidade Federal Do Rio Grande Do Norte. Natal:UFRN; 2011 [Internet]. Available from: <http://repositorio.ufrn.br:8080/jspui/handle/123456789/12276>

12. Bortoletto R. Morfologia social Paresi; uma etnografia das formas de sociabilidade de um grupo Aruak do Brasil Central [dissertation]. Campinas: Departamento de Antropologia/Instituto de Filosofia e Ciências Humanas; 1999 [Internet]. Available from: <http://www.bibliotecadigital.unicamp.br/document/?code=000188912>

13. Vieira EMM, Raslan SA, Wahasugui TC, Avila-Campos MJ, Marvulle V, Gaetti-Jardim JE. Occurrence of Aggregatibacter actinomycetemcomitans in Brazilian Indians from Umutina Reservation, Mato Grosso, Brazil. J Appl Oral Sci [Internet]. 2009 Oct [cited 2015 Nov 18];17(5):440-445. Available

from:

http://www.scielo.br/scielo.php?script=sci_arttext&pid=S16787572009000500017&lng=en.

<http://dx.doi.org/10.1590/S1678-77572009000500017.14>.

Distrito Sanitário Especial Indígena de Cuiabá (DSEI-Cuiabá). Boletim Epidemiológico 2012. Cuiabá.

14. Melo LP, Cabral ERM, Junior JAS. O processo saúde-doença: uma reflexão a luz da Antropologia da Saúde. J Nurs UFPE on line [Internet]. 2009 [cited 2015 Nov 18];3(4):426-32. Available from: http://www.revista.ufpe.br/revistaenfermage/index.php/revista/article/viewFile/138/pdf_993

15. Henckemaier L, Siewert JS, Tonnera LCJ, Alvarez AM, Meirelles BHS, Nitschke RG. Cuidado transcultural de Leininger na perspectiva dos programas de pós-graduação em enfermagem: revisão integrativa. Revista Ciência & Saúde [Internet]. 2014 [cited 2015 Nov 18];7(2):85-91. Available from: <http://revistaseletronicas.pucrs.br/ojs/index.php/faenfi/article/view/15722>

16. Monticelli M, Boehs AE, Guesser JC, Gehrmann T, Martins M, Manfrini GC. Aplicações da teoria transcultural na prática da enfermagem a partir de dissertações de mestrado. Texto Contexto Enferm [Internet]. 2010 Apr/June;19(2):220-8. Available from: http://www.scielo.br/scielo.php?pid=S0104-07072010000200002&script=sci_arttext

17. Costa CS, Silva AS. Mídia e cultura: uma narrativa da Revista Veja sobre o indígena brasileiro. Rev Comun Midiática [Internet]. 2015 [cited 2015 Nov 18];10(1):108-123. Available from: <http://www.mundodigital.unesp.br/revista/index.php/comunicacaomidiatica/article/view/618>

18. Teixeira CC, Silva CD. Antropologia e saúde indígena: mapeando marcos de reflexão e interfaces de ação. Anuário Antropológico [Internet]. 2013 [cited 2015 Nov 18]. Available from: <http://aa.revues.org/374> DOI: 10.4000/aa.374

19. Mota CFS. Doenças e aflições: sobre o processo terapêutico na pajelança [dissertation]. Centro de Ciências Humanas/UFMA [Internet]. 2007 [cited 2015 Nov 18]. Available from: http://www.ppgcsoc.ufma.br/index.php?option=com_docman&task=doc_download&gid=37&Itemid=120

20. Ribeiro AA. Do olhar ao cuidar: desafios na atenção à saúde indígena na Casa de Saúde do Índio de Manaus [dissertation]. ILMD/Fiocruz, Ufam, UFPA; 2008.

21. Craveiro SS. Educação escolar e Saúde Indígena: uma análise comparativa das políticas nos níveis federal e local [dissertation]. Fundação Getúlio Vargas; 2004. Available from: <http://bibliotecadigital.fgv.br/dspace/handle/10438/2440>
22. Marinelli NP; Nascimento DF; Costa AIP; Posso MBS; Araújo LP. Assistência à população indígena: dificuldade encontradas por enfermeiros. Rev Univap [Internet]. 2012 [cited 2015 Nov 18];18(32):52-65. Available from: <http://revista.univap.br/index.php/revistaunivap/article/view/93>
23. Garnelo L. Poder, hierarquia e reciprocidade: saúde e harmonia entre os Baniwa do Alto Rio Negro. Rio de Janeiro: Ed. Fiocruz; 2003.
24. Welch JR, Coimbra CEA. Perspectivas culturais sobre transmissão e tratamento da tuberculose entre os Xavante de Mato Grosso, Brasil. Cad Saúde Pública [Internet]. 2011 [cited 2015 Nov 18];27(1):190-194. Available from: http://www.scielo.br/scielo.php?pid=S0102-311X2011000100020&script=sci_arttext
25. Basta PC, Coimbra Jr. CEA, Welch JR, Alves LCC, Santos RV, Camacho LAB. Tuberculosis among the Xavante Indians of the Brazilian Amazon: an epidemiological and ethnographic assessment. Ann Hum Biol [Internet]. 2010 [cited 2015 Nov 18];37:643-57. <http://www.ncbi.nlm.nih.gov/pubmed/20113213> doi 10.3109/03014460903524451
26. Borges JL. Política de Saúde Indígena e sua aplicabilidade entre o povo Paresi - Mato Grosso/Brasil. IV Jornada Internacional de Políticas Públicas, São Luis [Internet] 2009 [cited 2015 Nov 18]. Available from: http://www.joinpp.ufma.br/jornadas/joinpp/V/eixos/10_povos/politica-de-saude-indigena-e-sua-aplicabilidade-entre-o-povo-paresi-mato-grosso-brasil.pdf
27. Leininger MM, McFarland RM. Transcultural nursing: concepts, theories research and practice. 3rd ed. New York (NY): McGraw Hill; 2002.
28. Lenardt MH, Michel T, Melo LP. As pesquisas etnográficas em enfermagem nas sociedades complexas. Colomb Med [Internet]. 2011[cited 2015 Nov 18];2(1):70-77. Available from: <http://www.bioline.org.br/pdf/rc11042>
29. George JB. Nursing theories: the base for professional nursing practice. 6th ed. Upper Saddle River, NJ: Pearson Education; 2011. 685p. ISBN: 9780135135839.

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