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CASE REPORT ARTICLE

CURRICULAR INTERNSHIP IN ETHNIC INDIAN VILLAGE JAMINAWÁ: CASE STUDIES

ESTÁGIO CURRICULAR EM ALDEIA INDÍGENA DE ETNIA JAMINAWÁ: RELATO DE EXPERIÊNCIA

PRÁCTICAS CURRICULARES EN UM PUEBLO INDÍGENA DE LA ETNIA JAMINAWÁ: ESTUDIOS DE CASO

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ABSTRACT

Objective: to describe the experience as an undergraduate student in the Nursing Internship Experience in an Indian Village of Jaminawá ethnicity. ***Method:*** a descriptive study, type experience report, conducted in February and March 2008, pursuant to the final stage of undergraduate nursing at the Federal University of Acre, called Internship Experience, in the indigenous village of ethnicity Jaminawá. This study complied with the ethical principles of Resolution 196/96, with the permission of the National Health Foundation. ***Results:*** there were performed education activities and of health promotion, and disease prevention, where it was possible to act with nursing care in a real work situation were performed to provide the indigenous population with health services. ***Conclusion:*** the Indians did not suffer influence of non-indigenous cultures, especially in relation to their customs and, consequently, their health. Thus, it becomes important to encourage habits of education and health promotion and traditional forms of prevention and care. ***Descriptors:*** Health; Indians; Nursing.

RESUMO

Objetivo: descrever a experiência como estudante de graduação em Enfermagem no Estágio de Vivência em Aldeia indígena de etnia Jaminawá. ***Método:*** estudo descritivo, tipo relato de experiência, realizado nos meses de fevereiro a março de 2008, em cumprimento ao estágio final da graduação em enfermagem na Universidade Federal do Acre, denominado de Estágio de Vivência, na aldeia indígena de etnia Jaminawá. Este estudo respeitou os preceitos éticos da Resolução 196/96, com a autorização da Fundação Nacional de Saúde. ***Resultados:*** foram realizadas atividades educativas e de promoção à saúde e prevenção de doenças, onde foi possível atuar com a assistência de enfermagem em situação real de trabalho para prestar serviços de saúde à população indígena. ***Conclusão:*** os índios sofrem influência das culturas não indígenas, sobretudo em relação a seus costumes e, consequentemente sua saúde. Desta forma, torna-se relevante estimular hábitos de educação e promoção à saúde e formas tradicionais de prevenção e cuidado. ***Descritores:*** Saúde; Índio; Enfermagem.

RESUMEN

Objetivo: describir la experiencia como estudiante de posgrado en Enfermería en la Práctica de Vivencia en una Aldea Indígena de la etnia Jaminawá. ***Método:*** estudio descriptivo, tipo relato de experiencia, llevado a cabo de febrero a marzo de 2008, de conformidad con la etapa final de grado en enfermería en la Universidad Federal de Acre, llamada Experiencia Práctica, en la aldea indígena de la etnia Jaminawá. Este estudio cumplió con los principios éticos de la Resolución 196/96, con el permiso de la Fundación Nacional de Salud. ***Resultados:*** fueron realizadas actividades de educación y promoción a la salud y prevención de enfermedades, donde fue posible actuar con la atención de enfermería en una situación real de trabajo para proporcionar los servicios de salud a la población indígena. ***Conclusión:*** los indios sufren la influencia de las culturas no indígenas, especialmente en relación con sus costumbres y en consecuencia su salud. Por lo tanto, es importante para fomentar hábitos de educación y promoción de la salud y las formas tradicionales de prevención y atención. ***Descriptores:*** Salud; Indios; Enfermería.

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INTRODUCTION

For six months I was a member of the Rondon Project as an undergraduate nursing student, this project developed in partnership with the Ministry of Defense of Brazil and several institutions of higher education throughout Brazil, which leads undergraduate students to the inner cities the country where care and interdisciplinary activities are developed. From the experiences in Rondon Project, interest in indigenous culture arose because in the town where I worked, around 80% of the population is of indigenous descent. In addition, there was an intense flow of the surrounding indigenous regions who sought health care in the cities.

Facing this reality, I decided to fulfill my final stage of undergraduate nursing at the Federal University of Acre (UFAC), called Stage Experience in an Indian village, due to the UFAC maintain agreement with the National Health Foundation (FUNASA) for this partnership. I was motivated to learn a new culture, observe the way of life, values, and traditions and mainly participate in nursing care.

Reports of this nature are of great value in the training of health professionals to address the following: ability to know these different sociocultural contexts, difficulties likely to be experienced and methodologies appropriate to the cultural context of health care and, above all, because few professionals healthcare, including nurses, have the opportunity to work with indigenous peoples during their academic training.

Often, even those who are prepared to work together to advance indigenous peoples may come across conflicting situations, such as with the staff of a non - governmental organization to take the Yanomami area reported difficulties in the development of indigenous health care because the tribe existed strong belief that the disease was brought by evil spirits and medicinal plants were able to give them the cure. The acceptability of the proposed assistance only materialized after the adequacy of health care to local beliefs and demonstration of positive results for the toughest non-indigenous Indian cultures.[1]

The construction process of care in Indian village, should be approached with consistent and popular knowledge, and can only be effective based on understanding and respect for cultural diversity present in the popular practices of care. In the community there are alternative practices that deserve mention and appreciation, in addition to contributing to the change in the professional process, such as: the unity of family care, popular knowledge, cultural diversity, attention and zeal manifested by family members .[2] From this perspective, Search up by a professional with generalist training, competence building and academic- scientific, ethical and humanistic skills as an undertaking and agreed by the profession based on what is recommended by the National Health System.[3]

The human care satisfactory results from the interaction between popular knowledge and knowledge acadêmico4 with this, we aim to:

- Describe the experience as a graduate student in the Nursing Internship Experience in Indian Village Jaminawa ethnicity.

METHOD

A descriptive study with an experience report type of the Experience stage in indigenous villages of ethnicity Jaminawá in Acre State/Northern Brazil, conducted from February 24th to March 12th, 2008. After the release of UFAC and FUNASA institutions linked to the practice, I drafted with the help of the guiding teacher, an activity plan in order to assist in observing the culture and development of nursing care. There were a part of the plan's objectives, strategies and evaluation criteria, as outlined:

a) Objectives: To know the way of life, values and traditions of indigenous peoples; observe the nursing performance, as aspects of communication and the need for adaptations to the work of nurses; perform activities to promote health and nursing care under supervising nurse.

b) Strategies: home visits to villages; performing care activities, health education, development of health promotion activities, monitoring visits by nurses under the supervision of the staff nurse assisting health Jaminawá in the village, the report of practical experienced describing the subsystem attention to indigenous health.

c) Evaluation criteria: a procedural review was consolidated during the course of the experiment and report developed by the student and submitted to the teacher guiding the writing of this report review.

The prerequisite required to attend the internship experience in the villages by UFAC was to have completed the courses of the last period of graduation, this being the last curricular activity flowchart of the Nursing course; while the stage was mandatory, the choice of location for the experience was optional. At that time, FUNASA[5] had an

agreement with the UFAC in order to stimulate the students' contact with Indian tribes, offering feeding and movement between villages.

During the internship I had as a teacher guiding the nursing program at the UFAC a nurse and as a supervisor of a team of Special Indigenous Health Districts (DSEI) in the state of ACRE, responsible for health care in the villages. A description of the report was presented to the competent sector of FUNASA that authorized the publication, based on Resolution No. 196/96, which deals with research involving humans.[6]

CASE STUDIES

The Subsystem for the Indigenous Health Attention in Acre was organized in the form of 34 Special Indigenous Health Districts (DSEI) and as a subsystem in perfect conjunction with the National Health System, in order to: consider the very concepts of health and disease and the population intersectoral aspects of their determinants; collectively be built from a participatory planning process, have instances of formalized social control at all levels of management.[5]

DSEI is an organizational unit of FUNASA and should be understood as a territorial and population based on clearly identified health responsibility, closing a set of actions necessary to basic health care, combined with the SUS network, for reference and counter-reference compound by minimal staff required to perform its actions and social control through the Local Councils and District Health

Following the flow of the organization of health services, then interned in one of Polo-Base of Acre. Each Pole Base covers a number of villages and it is up to your team, and provide health care, promote the training and supervision of Indigenous Agents health.[5] The Polo-Base are structured as Basic Health Units and feature actuation Multidisciplinary Team.

The head of the Polo-Base greeted me and promptly submitted to headquarters, operation, employees and expounded on existing ethnic groups in the region. The next day, I went from boat to meet the health care team in a village situated about four hours of Polo.

I settled on this community and with the help of the nurse met Tour Indigenous Health, routine treatment, medications used and the record books for the control of drugs and treatments.

In place of accommodation had a school, a health clinic and a house where we remained housed, all built with wood. There were other nearby villages, but only that the next house had electricity and sanitation, which operated with petrol. The others were still under construction.

Every day we would wake up at six o'clock, over coffee, we moved the boat and village by village, returning at noon. We went out again at fourteen and were finalized visits around seventeen hours. Sometimes, we pay attention to indigenous who reported pains or fever, but they moved to the public health site of our property to.

In this period I observed absence of indigenous rituals and typically manifestations, such as: body painting as a form of expression or even as the conservation of culture, little Indian handicrafts, predominantly necklaces, bracelets, baskets made of straw and a type of cloth or blanket.

As I have noticed, the vast majority of Indians spoke Portuguese with the team, and among them the Jaminawa language, known as Pano, classified in the same subgroup with the other languages of the nawa-Purus region on both sides of the border. According to the spelling rules, writing manuals require the Anglicization of the spelling of the names of the tribes, particularly by excluding the letters w, y, k and certain groups of letters does not exist in Portuguese, as sh. Thus, we suggest the use of ethnicity as Jaminawa. However, one can find the term Yaminawa usually translated as we ax or stone, as a result of his primitivism, and we iron, the avidity with which sought metal utensils in rubber placements.[7]

I learned a few words from their vocabulary, among these: xaraixta, which means beautiful; txakaixta, ugly; xarakui, very good; ahushkaime mi, hi, mi xaraime, good morning or good afternoon; miya yudunu please; tâpiya ê, gladly know him; duku kayawatiru, nurse; dadeya pregnant; îsini iki (or duwitxi), sick; Yudai, fever; vûshkaiki, headache; shakimaîki, gripe; txishu, diarrhea.

The livelihood of the tribe derives from subsistence farming almost monopolized. They live from hunting, fishing and plant rice, corn, cassava, banana and papaya; sometimes industrialized buy with money from the federal government food benefits.

Commonly Jaminawa wear clothes. The villages are a cluster of small houses, where everyone can gather an "old" with his daughters and sons in law or two "old" in-laws, whose children intermarry or even a group of brothers with their families. The set of family houses, stilts, built on the riverbank in the style of rubber homes, equivalent to the old

longhouse collective time, and is designated by peshewa name. According to custom, the group leader can further nuclear nesting, congregating around several families and young singles, but this concentration is usually transient.[7]

One of the relevant attributes of the family involves the creation and transmission of values, beliefs and knowledge about the rights and duties of everyone in this social institution in which the functions of each within the family and the community of which it is part are defined.[8,9]

As I noted, there is already some loss of values and traditions, probably due to lack of transmission to progeny and as a result of contact with whites that stimulate the Indians to change habits and customs are considered traditional in antiquity. The Indian women paint their hair blonde, shave the eyebrows, make tattoos with a kind of ink for this purpose, but without cultural value.

Another fact was noticed that the Shaman is losing his function of "forest doctor": the Indians mostly refer to pharmaceutical drugs rather than to medicinal plants. The biggest concern of chiefs and shamans is not the white man's greed or indifference of the government but a domestic issue: the new generation of Indians, literate and reasonably informed, who dreams of a life different from their ancestors[10] Given the situation of the Pajé, spent in some cases to be considered only a symbolic figure, the oldest person in the tribe, which has the wisdom of the forest, and is worthy of respect.

While in the village, the Indians were daily treated and monitored by the health care team, and, when necessary, were referred for services of medium and high complexity. During my participation in nursing care, developed under the supervision of a nurse, the following: prenatal consultations and prevention of cervical cancer (PCCU), medication administration, home visits and health education activities conducted with the help of a translator, such as lectures, demonstrations of health situations through panels, theater and conversation groups.

Yet as noted, due to the lack of sanitation was the high number of people with diarrhea and parasites. This was then the major focus of health education activities, and is also distributed sodium hypochlorite for families. These activities were performed individually on each home visit, based on the orientation of good hygiene, such as washing food, its importance and conservation, in airy places free of flies and other bugs; in addition with the correct destination of waste in landfills or being burned. Since the wastes were sometimes discarded along river banks or in his bed.

The main sources of water used were: rivers, lakes, ponds, water holes, ponds, creeks, streams. Is directed add 4 drops of sodium hypochlorite per 1 liter of water, keeping the solution in an opaque container such as a clay pot and wait for 30 minutes to consume water. It was added that clean water was used for drinking, cooking, washing vegetables, fruits and vegetables, washing dishes and bathing.

In general, the communication occurred in Portuguese, because all had some knowledge of the language. When they did not understand our language, an Indian who understood better replayed the information in the local language. It was guided to avoid facial expressions of denial especially in moments that were performed by indigenous cultural activities since the Indians pay enough attention to facial expressions and this could cause discomfort in connection therewith.

For the examinations of PCCU and prenatal - making was sought active pursuit of pregnant campaigns by area and thereby stimulating PCCU, always using lectures, with translator, figures, information posters among other strategies, to remove all doubts. The Indies collaborated with us and performed the tests without proof of shame or other problem. These procedures occurred in reserved places like a school room or the kitchen of an Indian home, the only places where there was privacy for this type of procedure. The need to adapt to the place, were often performed amidst pots or school desks. Tables we gathered to improvise a stretcher; wore flashlight to get a focus, always respecting the technical - scientific principles of the profession. In the case of PCCU material was disposable.

As it was revealed, the indigenous care must be valued in order that traditional health knowledge are transmitted by people very close and based on trust and affection, therefore, form a strong and significant basis for the individual.[3,11]

This indigenous knowledge has articles and enrichment for the practice, understanding enables family relationships, personal beliefs and social living conditions. Moreover, respect for traditional knowledge in health can be a bond of trust and closeness between the professional and the individual, to create or strengthen existing and essential to human care bonds of reciprocity.

CONCLUSION

To describe this experience is of profound value for me as a health professional, as I experience the reality of different cultures, which can bring new experiences to be faced. Acting with the nurse knowing the habits and customs of the indigenous people is valuable in the field of health/illness; it contributes in better performance of the activities of the profession as well as being a great opportunity to learn new ways to interact with nature in a sustainable way and use of medicinal plants.

I consider myself more open and appreciative to work with indigenous people, taking into consideration the customs, rituals and traditions that are strongly associated with their culture. Reaffirm the nursing practices on indigenous land, and they shall take into account the respect and appreciation of differences relating to composing their social and cultural organizations.

The Indian and his family have care needs, be to encourage education habits and health promotion and prevention or to treat diseases. Therefore, the nurse must respect the particular aspects of their beliefs, culture and tradition.

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