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XUKURU DO ORORUBÁ: CHALLENGES IN THE INTEGRATION TO HEALTH SERVICES

XUKURU DO ORORUBÁ: DESAFIOS NA INTEGRAÇÃO AOS SERVIÇOS DE SAÚDE

XUKURU DO ORORUBÁ: DESAFÍOS EN LA INTEGRACIÓN A LOS SERVICIOS DE SALUD

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ABSTRACT

Objective: to verify the challenges that the Orukuba Xukuru face in integrating with indigenous health services. **Method:** this is a qualitative, exploratory and descriptive study, carried out with six indigenous people of the Orukuburu Xukuru ethnicity. The data were collected by a pre-established script, and the interviews were recorded and transcribed. Data analysis was performed through Content Analysis. **Results:** the main difficulties were: long wait in the exams appointment and results; absence of emergency assistance; insufficient medicines to meet demand; signs of prejudice in the urban area of Pesqueira and insufficient assistance in the municipal hospital. **Conclusion:** many difficulties are still faced, even with health care strengthened by the Indigenous Health Care Subsystem and the National Policy on Health Care for Indigenous People. **Descriptors:** Qualitative Research; Public Health Policy; Indigenous Population; Health of Indigenous People; Public Health; Health Services, Indigenous.

RESUMO

Objetivo: buscou-se verificar os desafios que os Xukuru do Ororubá enfrentam na integração aos serviços de saúde indígena. **Método:** trata-se de estudo qualitativo, exploratório e descritivo, realizado com seis indígenas da etnia Xukuru do Ororubá. Coletaram-se os dados por meio de um roteiro preestabelecido, sendo as entrevistas gravadas e transcritas. Realizou-se a análise dos dados por meio da Análise de Conteúdo. **Resultados:** verificou-se que as principais dificuldades encontradas foram: longa espera na marcação e resultados dos exames; ausência de assistência emergencial; medicamentos insuficientes para atender à demanda; indícios de preconceito na zona urbana de Pesqueira e assistência insuficiente no hospital municipal. **Conclusão:** nota-se que mesmo com a assistência à saúde fortalecida pelo Subsistema de Atenção à Saúde Indígena e pela Política Nacional de Atenção à Saúde dos Povos Indígenas, muitas dificuldades ainda são enfrentadas. **Descritores:** Pesquisa Qualitativa; Políticas Públicas de Saúde; População Indígena; Saúde de Populações Indígenas; Saúde Pública; Serviços de Saúde do Indígena.

RESUMEN

Objetivo: verificar los desafíos que los Xukuru do Ororubá enfrentan en la integración a los servicios de salud indígena. **Método:** se trata de un estudio cualitativo, exploratorio y descriptivo, realizado con seis indígenas de la etnia Xukuru do Ororubá. Se recogieron los datos por medio de una guía preestablecida, con las entrevistas grabadas y transcritas. Se realizó el análisis de los datos por medio del Análisis de Contenido. **Resultados:** se verificó que las principales dificultades encontradas fueron: larga espera en la marcación y resultados de los exámenes; ausencia de asistencia emergencial; medicamentos insuficientes para atender la demanda; indicios de perjuicio en la zona urbana de Pesqueira y asistencia insuficiente en el hospital municipal. **Conclusión:** se observa que mismo con la asistencia a la salud fortalecida por el Subsistema de Atención a la Salud Indígena y por la Política Nacional de Atención a la Salud de los Pueblos Indígenas, muchas dificultades aún son enfrentadas. **Descriptor:** Investigación Cualitativa; Políticas Públicas de Salud; Población Indígena; Salud de Poblaciones Indígenas; Salud pública; Servicios de Salud del Indígena.

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INTRODUCTION

The Federal Constitution of 1988 is considered an important achievement for the Brazilian people, specially for the indigenous people, since on one hand, it guarantees universal and equal access to health services and, on the other hand, it legitimizes the historical struggle of this people by the demarcation of their lands.¹

The process of demarcation of the Indigenous Lands of the Orukuba Xukuru was not an easy process, since the deadline for the Indigenous Lands to be demarcated was five years from the Constitution of 1988. However, the demarcation was only carried out in 1995 and ratified in April 2001.²

In spite of their rights, indigenous people are exposed to precarious health conditions and subjugated to failures and disregards of health services, leading them to face various challenges and difficulties.¹

The current challenges faced by indigenous people in Brazil in their integration with health services are due to the provision of unsatisfactory assistance,¹ since from the beginning, the assistance provided by agencies responsible for indigenous health care actions was uncertain, inefficient and of low coverage and also, there was no systematization of the provision of health services.³ Thus, the struggles of indigenous people in search of better living conditions and health care were observed.

From the claims and discussions of the indigenous health movement, an effort was made by the State to minimize its omission for the health of these people. The Subsystem of Indigenous Health Care was created in 1999 as a component of the Unified Health System (SUS), which allowed the creation of a network of health services in Indigenous Lands.⁴ The National Policy was implemented in 2002 (PNASPI), which strengthened the service network in indigenous lands to overcome the deficiencies of coverage, access and acceptability of SUS.⁵

It is evident that in Pesqueira - PE, the indigenous assistance model is organized as follows: two poles-bases, one in the urban zone and the other in the São José village, and five health centers located in the villages of São José, Cimbres, Cana Brava, Pé de Serra de Nogueira and Guarda.⁶

Despite being distinguished by the organization of indigenous health services, the indigenous people of the Orukuba Xukuru ethnic group have faced challenges, which are evidenced by the contradictions existing in

the Subsystem of Indigenous Health Care and its organs, such as the Special Secretariat for Indigenous Health (SESAI), whose goals and projects aim to promote well-being, quality of life and broad access to health for indigenous populations.

There is a limited production of research that addresses the challenges and obstacles of the health care of the Orukuba Xukuru who inhabit the village of São José, specially checking the difficulties found in integrating indigenous health services.

In this perspective, it is intended to produce and offer knowledge that can verify and prevent the problems and deficiencies in the health care of these people, contributing to the debate and possibly subsidizing other work and/or research on this topic.

OBJECTIVE

♦ To verify the challenges that the Ororubá Xukuru of São José Village face in the integration to the indigenous health services.

METHOD

This is a qualitative research of exploratory and descriptive approach. This type of research aims to bring a wide and careful analysis of the knowledge and the theme addressed.⁷

The research was carried out with six Ororubá Xukuru Indians who live in the São José Village of the Municipality of Pesqueira-PE. The saturation of the interviews was considered as a criterion for defining the sample size.

The data were collected from March 27 to April 24, 2017, according to the process nº 08620164813/2015-26 of the Authorization of Entry into Indigenous Land by the National Foundation of the Indian (FUNAI), nº 14/AAEP/PRES/2017, obtained before the beginning of the research, as established in Normative Instruction Nº 001/PRES/1995.⁸

The following inclusion criteria were listed for this research: to be indigenous of the Ororubá Xukuru ethnic group, to be over 18 years old, to inhabit São José Village and to be a user of the indigenous health services. The exclusion criteria were: being mentally and physically deficient.

There was a priori interaction with the Ororubá Xukuru, where the participation of those involved in this research occurred spontaneously and casually. The Free and Informed Consent Form (ICF) was signed as recommended by the National Health Council (CNS) Resolution 466/2012.⁹ The semi-structured interviews were then carried out,

and when they were consented, they were recorded and transcribed.

A pre-established script formulated exclusively for this research was composed with five guiding questions: 1. Are there obstacles or barriers that you face in the indigenous health services? Which are they? 2- Have you ever needed care outside the indigenous area? What are the difficulties? 3- What has changed in the implementation of indigenous health services? Has there been improvement or are there still difficulties? In interpersonal relationships (indigenous people and health team), is there a satisfactory coexistence policy or is there any difficulty? 5. At some point, do you feel that there is difficulty in integrating the native health system with biomedical practice? Why?

The statements were analyzed through Bardin's Content Analysis,¹⁰ in three stages: 1. Pre-analysis: interviews were transcribed and their meeting were constituted the corpus of the research, obeying the rules of completeness, representativeness, homogeneity, relevance and exclusivity; 2. Exploration of Matter: the coding units were chosen and thematic categorization (expressed according to the central theme of the answers) and 3. Treatment of Results, where there was inference, interpretation and results became significant.

An identification code was established for each participant: E1, E2, E3, E4, E5 and E6 to guarantee the anonymity and confidentiality of the interviewees. The research guidelines involving human beings from Resolution 466/2012 of the National Health Council⁹ were considered, as well as Resolution N° 304/2000 of this Council, which deals with norms for research with indigenous people.¹¹

The research was sent to the Research Ethics Committee (CEP) of the Federal University of Pernambuco (UFPE) and also to the National Research Ethics Committee (CONEP), with approval under CAAE N° 59472216.8.0000.5208.

RESULTS

The challenges faced by the Orukuba Xukuru indigenous in the integration of indigenous health services in Pesqueira-PE are listed below. Thematic categories and subcategories emerged of the analytical treatment of the data collected.

- ❖ **Difficulties faced by Orukubá Xukuru in health services**
 - **Long wait in the exams appointment and results**

Difficulties were observed in the delay of the appointments for the exams and for their results, according to the following reports:

There are difficulties for examination, it takes too long for the result to come out [...] (E1);

I go to the doctor, the doctor asks what I feel, I say [...] he does not take the exam, he tells me to take the exam, but only we wait, you know? When you are called to take the exam, there has been already two, three, four months [...] (E2);

Appointment takes too much [...] delay. It takes too long. To take his examination (son) it was more than three months [...]. It is a delay to make the appointment, another one to arrive [...] (E3);

[...] it has been almost a year and these examinations (results) have never appeared [...] (E4).

Due to this delay and the search for solution, it is preferable to perform the requested exams in private areas, in which they can obtain the results quickly.

[...] I do not have much patience and I'm going to go to a private place right away... because with eight days, two months and three months, the person does not even know if he's alive... It's faster. (E5);

[...] the more complicated it is a more expensive exam, because there (at São José Village) it takes a lot for people to take the exam [...] we do it only in the private area, because we can not wait to do a public exam [...]. It takes a lot to get it [...] (E6).

- **Absence of emergency assistance in the village**

The following report show that in São José Village, there is not assistance for more serious and emergency cases, causing the search to other localities.

[...] when it is a more serious thing, we have no assistance... This immediate assistance, in an emergency... but we know that this health issue is a problem... (E1).

The absence of this assistance generates difficulties mainly by the certain distance from the Village to the city:

[...] we live a little far from the city, there is enough difficulty [...] (E4).

- **Insufficient medicine to meet the demand**

The lack of supplies of medicines in the health care of São José Village is a difficulty. The private acquisition of cases is preferred.

[...] when you have it (medicine) we'll get it right in the act of the consultation. When he finishes the consultation, he (the doctor), already gives (medicine), and when he does not have, or waits or buys ... we prefer to buy to wait (E1);

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They give medicines when they have [...] when they are missing, we have to buy (E3).

The purchasing power limits the obtaining of medicines not available in the village.

[...] if I need the medication, I can not afford it because I do not have a job and I'm not retired [...] (E4);

There is basic medicine, a medicine for diabetes, a medicine for high blood pressure, simple medicines, but if it is a more expensive medicine, you can not get it. [...] What if we were to rely on the public network to get these drugs? [...] there are a lot of needy people around here, who need a medication of this kind and do not buy it and not always we go (to the health center) we find it (E6).

- **Indications of prejudice, discrimination and ethnocentrism arising from socio-cultural relationships in urban areas**

The interviewees reported that there are manifestations of discrimination, ethnocentrism and prejudice coming from a portion of society and not from health professionals. One of the interviewees affirms that there is currently less prejudice, but that it still exists.

There were worse times. Now I think the city is very close, it approached the Xukuru people. There has already been more resistance, but nowadays it still exists, because we know that there is still discrimination and prejudice against indigenous communities, but it is smaller, less than before (E1).

You have prejudice how you dress, the way you behave (E4).

- ❖ **Indigenous health assistance outside the village São José**

The reports below show that care at the hospital in the city of Pesqueira was unsatisfactory due to lack of doctors, lack of medication and delayed care. Given such circumstances, there is a search for the surrounding cities to receive care. It is noteworthy that, at another time, they affirm improvements in the health care of the municipal hospital.

[...] the hospital of Pesqueira is a very precarious one. I needed [...], but there was not a doctor, he is always missing, it was another management, there was no doctor (E1);

[...] in Pesqueira (hospital) is much worse [...] Now after this new management, it has already improved, it already has a doctor [...] because before, there was a lot of people who came and went, to Sanharó or to Arcoverde [...] (E2);

Delay right? Sometimes there is a doctor, sometimes not (E3);

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[...] Before there was not (doctor) no... Everything was missing and now no, at least there is a doctor, medicines (E5);

It's been a long time since I went to the hospital, but at least the last time I went, I did not think it was good [...] who's going now is saying that it's better [...] (E6).

Despite the lack of health care in the city of Pesqueira, respondents report good care in other municipalities, being verified that there are no difficulties with this issue.

[...] I already needed twice as much for myself as for my daughter [...] we were called to UPA (Caruaru Emergency Unit) [...] then the service was perfect. I already needed for a dermatologist, there I was sent to UPA Belo Jardim, it was also quiet (E1);

[...] at the UPA Belo Jardim, when I got there I took the exam [...] it was so fast that I was impressed, you know? Because here (Pesqueira) I think I had not done any [...] (E2).

- ❖ **Advances and obstacles to health care**

- **Perception of health care from the perspective of the Ororubá Xukuru inhabiting the São José Village**

The reports below show that the interviewees perceive poor and unsatisfactory health care.

We know that education and health in the country is a priority, but this is only on paper, in theory, because in practice it is totally different (E1);

The difficulty is great in Pesqueira, I mean, it is in the whole country, but in Pesqueira, in smaller cities it is more complicated (E6).

- ❖ **Perception of improved health care in São José village**

Some Indians of São José Village report that they do not perceive improvement in the health care in the Village and as a cause, they pointed out the population increase and the delay in carrying out exams, as shown below:

Look, we know that we did not have such a difficult time [...] I think it used to be quieter, the population was smaller, all this contributes. (E1);

[...] in those times... I did not complain, but then it is like: let us die to make an examination [...] (E2).

On the other hand, it was reported that previously, there were more difficulties for the health services of São José Village, since there is availability of transport and more health professionals.

It improved because the difficulty was too great. Now there is a car when we get sick, there is a car for the hospital and all. (E3);

Now it is more evolved, because there are more people, the nation has increased [...]

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and care is more because it has more doctors, more transportation [...] (E4); It has improved [...] I do not have much memory, but [...] there was no doctor, there was no dentist. And now there is a doctor, the dentist [...] (E5);

It was more difficult before, because the health issue did not belong to FUNAI, only then FUNAI became the health network and passed to FUNASA, there already changed, there have already been more people (professionals) you know? Much better. (E6).

❖ **Cohabitation of the Ororubá Xoruru that inhabit the village São José with the health professionals**

The interviewees did not show any difficulties regarding the coexistence with health professionals, even with those who are not indigenous.

[...] only indigenous people are health workers, some nurses and technicians, but not doctors. But, they have created a very good relationship, they have been present, they assist even at home [...] (E1);

It's good. I can not complain about anyone else [...] (E2);

[...] I think it's great, they are well-qualified for it (for indigenous health). [...] on that point I have no complaint [...] (E4);

They have a good relationship here within the indigenous area, they always go out in the houses, health workers are always looking for something [...] (E6).

❖ **Traditional medicine x Biomedical model**

The interviewees do not face any difficulty in this integration of indigenous cures practices with the biomedical model. in the following reports, they claim that they seek health professionals even using their healing practices, that health professionals respect and value traditional medicine and that there is a concern of the Local Health Council Ororubá Xukuru in this integration.

[...] (professionals) respect traditional medicine [...]. There have already been some meetings [...], training meetings, with all the healers, midwives and doctors, everyone together. So, they work in parallel, one respecting the space of the other [...] they are very close to the community [...] (E1);

[...] a lot of people here do not care, they go directly to the doctor, there are others who sometimes mix, one hour is doctor another time is the cure here and so it goes. But about this, there is no prejudice [...] (E2);

Sometimes (the professionals), they think it's even better (traditional medicine) [...] (E3);

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[...] They (health professionals) have to do their side in their practice and also have to use the practice here... that is a requirement of them (Local Health Council Indigenous) here. There is this concern (E6).

The interviewees face challenges in the health care such as: long wait in the appointment and results of the exams; absence of emergency assistance; lack of drugs to meet the demand; evidence of prejudice, discrimination and ethnocentrism in the urban area of Pesqueira and insufficient assistance in the municipal hospital. The interviewees mentioned that they do not face any challenge regarding the coexistence with health professionals, respect for their healing practices and health care in other municipalities.

DISCUSSION

It was verified that the Ororubá Xukuru that inhabit San José Village put the delay of appointment and obtaining the results of the exams as the main difficulty. However, this difficulty is not only found in this population, since it was also discussed in studies with other ethnicities, such as the study by Silva et al.,¹² which resulted in the dissatisfaction of indigenous people with services of health and addressed the long wait for hospital procedures as a difficulty such as the performance of examinations.

The interviewees emphasized through their reports that there is a historical delay in obtaining the results of the exams and this entailed in refutations that this delay causes to the procedures of healing and care with the indigenous health, as in the tendency, by the Indians, to resort to the private sectors to carry out their examinations.

Private sector demand is considered to be an organizational obstacle, and this is due to the limit of performance and service provided by the Special Indigenous Sanitary District (DSEI). It is assumed that the DSEI care model is organized as follows: Health Centers, Health Base, and House of Health of the Indian (CASAI), being the base pole to address the demands of exams for outpatient clinics and hospitals of regional references.¹³

It is evidenced that the absence of emergency assistance in São José Village is recurrent due to the health care of the Orukuba Xukuru follow the same logic of the Unified Health System (SUS). It is due to the fact that the DSEI establish basic health actions that attend to the health problems more frequent and less complex. The actions of medium and high complexity are executed

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in the municipality of Pesqueira or outside it, since they do not exist in São José Village.¹³

This reality of indigenous health care reflects a set of precarious conditions, hampering the resolution of health problems in the villages. The search for the city hospital appears as a great obstacle, since the native one reports that there is a considerable distance between the native territory and the city.

The results of this research corroborate the findings of Azevedo,¹³ who bring that the Orukubá Xukuru receive medicines at the time of medical consultation, but complain of the insufficiency of these medicines to meet the demand of the village and the limitation of its power purchase.

Indigenous people have been and still are commonly exposed to prejudice and discrimination, especially cultural, although an interviewee reports that the population of the city is closer to the indigenous community. It is perceived that this set of stigmatized practices is part of a portion of non-indigenous society.

Indigenous people have been stigmatized from the outset because of prejudice and discrimination, evidencing the interest of a good part of society to make them invisible.¹⁴ These practices are still very much ingrained in our society¹⁵ and in addition to increasing the historical exclusion of the indigenous population, it does not respect, deny and obliterate the right to health care. It is added that none of the interviewees mentioned acts of discrimination by health professionals.

The Subsystem for Indigenous Health Care establishes that in addition to Primary Health Care (PHC), indigenous people should be assisted in specialized services and in hospitals, these services being the same as the SUS network that serves the population in general.¹ The reports showed that the assistance in the municipal hospital of Pesqueira is flawed and unsatisfactory, since the hospital leaves unsatisfactory due to the lack of doctors, medicines and the delay in attendance.

It is important to note that in the health care of São José Village, some interviewees say that there are no improvements and attributed to the fact of the population increase and the difficulty of carrying out exams. It should be noted that this perception is attributed to the failures and mismatches of the organs responsible for indigenous health care, and since the implementation of health care, indigenous people have identified and faced challenges, starting with their criticisms

of the Indian Protection Service (IPS) which was the first initiative of state intervention.¹⁶

It is acknowledged that the responsibility for indigenous health care after the IPS was for the National Indian Foundation (FUNAI), but this body also did not implement policies and assistance actions that were effective and adequate. It was then in 1991 that the Ministry of Health became responsible for coordinating health actions for indigenous people, signing the DSEIs as support for organizing health services.¹

The Subsystem of Indigenous Health Care (SASI) was created in 1999, after which the National Policy on Indigenous People Health Care (PNASPI) was discussed and approved in 2002, after criticism and denunciations of discrimination. In 2010, still resulting from the claim, health care was implemented by the Special Secretariat of Indigenous Health (SESAI).¹

Quality health care is one of the main themes of indigenous struggles. Thus, the creation of a health system with more material and personnel resources aimed at serving indigenous populations was expanded.¹⁶

The interviewees' reported that they perceive an improvement in health care after the implementation of Primary Care services in Indigenous Lands, which allowed access to health services and the use of health resources offered, such as medical and dental consultations, considering that PHC is the gateway to health network services.¹⁸

The health professionals living with the indigenous people of São José Village was reported as good, although some service professionals were not indigenous. An Indian report corroborated the study by Pires et al.,¹⁹ which portrayed that over the years the Orukuba Xukuru have invested in biomedical training.

The relationship between indigenous and health professionals is sometimes affected by disharmony due to the historic hegemony and overlapping of the biomedical health system with traditional indigenous medicine, which leads to conflicts of acceptance and integration.¹⁹ One of the guidelines of the Indigenous Health Subsystem is the differentiated attention, coming to advocate the adequacy of health services through the preparation of health professionals to act in an intercultural context.²⁰ This guideline has become effective in São José Village.

In one report, the occurrence of meetings among traditional healers and multidisciplinary health teams was reported.

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This is borne out by Azevedo's findings,¹³ which identified the participation of the Indians in the meetings, which are represented by their leaderships and organizations in the Health Councils, emphasizing the integration between the biomedical model and the health practices of the indigenous communities.

It is believed that the Ororubá Xukuru Indigenous Health Council (CISXO) demonstrates its concern to bring the broader discussion on traditional medicine associated with biomedicine, so they hold meetings with local leaders such as: healers, pajé, cacique, multidisciplinary health team and a representative of DSEI-PE.¹⁹

It is important for health services to accept the socio-cultural aspects of the indigenous population to assist them in accordance with their real needs and cultural practices.²¹ It is also necessary for health professionals to be flexible in their biomedical practices of each context,²² which was perceived in one of the reports, since the conception of health-disease by indigenous people is based distinctly from the biomedical model, which requires sensitivity, conscientized and engaged action of these professionals.²³

It is noticed that, as regards the integration of the biomedical model with the traditional medicine of the Ororubá Xukuru people of São José Village, even though the health professionals are not indigenous, they respect and encourage the healing practice of these people. It was expressed that the biomedical model and traditional medicine are accessed alternately or simultaneously, and this is due to the fact that the therapeutic system of the Orukuba Xukuru people is formed by a "multi-medical" scenario, that is, by three rationalities: a biomedical, folk medicine and native medicine.¹³

These results are compared with the study carried out with communities in the Amazonian northwest, where the indigenous population used different resources simultaneously.²⁰ Other ethnicities, like the Potiguaras,²³ also seek alternative health services.² This indicates that for many indigenous populations, there are no conflicts or contradictions in the simultaneous use of biomedical and traditional medicine. It is added that it is possible to construct new models regarding the equity of access and the integrality of the assistance in SUS.^{24,25} It is stated that the interviewees live naturally with the biomedical practice, even though it is different from their healing practices, that is, there is interculturality.²⁶

The data obtained by the research are delimited to the Indians that inhabit São José Village, which allows considering the results found only for this population.

CONCLUSION

The challenges faced in the integration of health services by the Ororubá Xukuru Indians inhabiting São José Village were verified. Even with health care strengthened by the Subsystem to Indigenous Health Care and by the National Policy of the Health Care of the Indigenous People, many difficulties still are faced.

It is necessary to carry out other studies, to deepen this topic. In this perspective, future studies are considered that may address the challenges of integration from the perspective of the Indigenous Local Health Council Ororubá Xukuru, professionals from the grassroots and delegated bodies to the provision of goals and projects for health of indigenous people. That is, studies that point out the reason why there are still many challenges to be overcome and that broaden the voices and the participation of diverse interlocutors involved in the democratic struggle for significant improvements in the integration of indigenous people in health services.

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