

**FROM THE UNIVERSITY TO THE VILLAGE: EXPERIENCES OF NURSING IN
THE HEALTH CARE OF THE INDIGENOUS CHILD****DA UNIVERSIDADE PARA A ALDEIA: VIVÊNCIAS DA ENFERMAGEM NO
CUIDADO À SAÚDE DA CRIANÇA INDÍGENA****DE LA UNIVERSIDAD AL PUEBLO: EXPERIENCIAS DE ENFERMERÍA EN LA
SALUD DEL NIÑO INDÍGENA**

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ABSTRACT

Objective: To report the experiences of the actions developed in the context of indigenous children's health. **Method:** This is an experience report that involved nursing care actions for the health of indigenous children, developed during a voluntary academic internship. **Report:** 30 days of activities were carried out and over that time, it can be evidenced that the nursing care seeks to adapt the actions for the health of the indigenous child, aiming at the prevention and promotion of health having as strategy a monthly monitoring of the process of growth and development. **Final Considerations:** Based on the experience, the relevance of the work of the professional nurse in favor of the health of indigenous children was revealed. Despite the nursing graduation covering several areas of knowledge, there are still gaps in the training of nurses in this context.

Descriptors: Child; Indigenous Population; Primary Health Care; Nursing.

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RESUMO

Objetivo: Relatar as vivências das ações desenvolvidas no contexto da saúde da criança indígena. **Método:** Trata-se de um relato de experiência que envolveu ações de assistência de enfermagem à saúde da criança indígena, desenvolvidas durante um estágio acadêmico voluntário. **Relato:** Foram realizados 30 dias de atividades e ao longo desse tempo, pode-se evidenciar que a assistência de enfermagem busca adequar as ações para a saúde da criança indígena, visando a prevenção e promoção da saúde tendo como estratégia um acompanhamento mensal do processo de crescimento e desenvolvimento. **Considerações Finais:** A partir da experiência vivenciada desvelou-se a relevância do trabalho do profissional enfermeiro em prol da saúde das crianças indígenas. Apesar da graduação de enfermagem abranger várias áreas do conhecimento, ainda existem lacunas na formação dos enfermeiros nesse contexto.

Descritores: Criança; População Indígena; Atenção Primária à Saúde; Enfermagem.

RESUMEN

Objetivo: Informar las experiencias de las acciones desarrolladas en el contexto de la salud de los niños indígenas. **Método:** Se trata de un relato de experiencia que involucró acciones de atención de enfermería para la salud de los niños indígenas, desarrollado durante una pasantía académica voluntaria. **Informe:** Se realizaron 30 días de actividades y durante ese tiempo, se puede evidenciar que el cuidado de enfermería busca adecuar las acciones para la salud del niño indígena, con el objetivo de la prevención y promoción de la salud teniendo como estrategia un seguimiento mensual del proceso de Crecimiento y desarrollo. **Consideraciones finales:** A partir de la experiencia, se reveló la relevancia del trabajo de la enfermera profesional a favor de la salud de los niños indígenas. A pesar de que la graduación en enfermería abarca varias áreas del conocimiento, aún existen vacíos en la formación de enfermeras en este contexto.

Descritores: Niño; Población Indígena; Atención Primaria de Salud; Enfermería.

INTRODUCTION

Indigenous peoples have different conceptions regarding health, even among villages, as the self-perception of falling ill and health care practices are particular to each group. Each people has its own way of thinking and acting on the various aspects that influence their lives, such as food, understanding of therapeutic methods and health care.¹

For indigenous health care, the need to respect the particularities of each group becomes even more prominent.² It is important that customs and traditions are considered when establishing prevention and

health promotion strategies with a view to tailoring care to the singularities of the villages. Especially, those that have geographical difficulty of access, language borders and differentiated social and political perceptions.³

For this, the Ministry of Health (MS), in 2002, approved the National Health Care Policy for Indigenous Peoples (PNASPI). It contemplated social, cultural, geographic, historical and political diversity, in order to favor the overcoming of the factors that make this population more vulnerable to health problems, recognizing the

effectiveness of their medicine and the right of these peoples to their culture.²

The cultural diversity of indigenous health is wide, making the implementation of PNASPI a challenge due to the ethnic specificities of each region, which affects the epidemiological profile of indigenous children. This profile is sometimes marked by high rates of mortality and morbidity resulting from infectious diseases, nutritional disorders and deficits in growth and development.²

In this scenario, nursing care for indigenous children is essential for health prevention, promotion and recovery. Therefore, nursing has a greater bond with the community, making it possible to demonstrate, on a daily basis, the needs of children, together with their caregivers.⁴

Thus, as a graduate of the ninth phase of the Nursing course, she raised the opportunity to do an internship in an indigenous village. In view of the learning acquired and the successful experiences, this article emerged with the objective of reporting the experiences of the actions developed in the context of the health of indigenous children.

METHOD

This is an experience report that involved nursing care actions for the health of indigenous children, developed during a

voluntary internship, carried out in January 2020. The proposal for the experience arose from a discussion on the health of indigenous children in the Study and Research Group on Evidence in Health Care in Pediatrics and Hebiatrics (GEPE-CPDH), at the Federal University of Fronteira Sul, Campus Chapecó (UFFS/SC).

The trajectory of the experience started from an informal conversation with the Municipal Health Department, in which an agreement was signed to carry out a voluntary internship in the Xaçepó Indigenous Land, belonging to a municipality in the state of Santa Catarina. It is considered the largest reserve in southern Brazil. It has 16 villages of the Kaingang ethnic group and family groups of the Guarani, Guarani Xetá and Xocleng ethnic groups. In the Xaçepó Indigenous Land, there are four Basic Health Units (UBS). However, the voluntary internship was authorized at the UBS da Aldeia (Headquarters), in one of the four, under the supervision of a nurse.

The indigenous population of the village (Sede) speaks fluent Portuguese, but some families communicate with each other in Kaingang. It has two schools, and all teachers are of indigenous descent, live in the reserve and have training in Indigenous Teaching or Indigenous Intercultural Licentiate in Kaingang Language. In order

to maintain the culture, the Kaingang language is practiced at school, based on the

offer of the Mother Tongue-Kaingang subject.

Figure 1:Xapecó Indigenous Land, (Aldeia Sede), Santa Catarina, Brazil.



Source:<https://turismo.ipuacu.sc.gov.br>

The academic internship was carried out jointly with the two teams of health professionals who work at the UBS in the village (Headquarters), and assist approximately 450 families. Nursing professionals have a link with the village population, since most live in the community and are descendants of the Kaingang ethnic group. Nursing actions cover seven villages.

Nursing works, with the support of the other professionals on the team, in favor of the health of indigenous children in several aspects: active search for children with vaccine delay, childcare consultations, weighing and educational activities at the village school, with the support of the team school.

Experience Report and Discussion

There were 30 days of activities, computing a workload of 160 class hours. Over this time, it can be seen that nursing care seeks to adapt actions for the health of indigenous children, aiming at prevention and health promotion, with the strategy of monthly monitoring of the growth and development process.

During the week, on Tuesdays and Thursdays, in the morning, childcare consultations are held at the UBS. Every thirty days, the children are weighed, which takes around two to three days, with the support of a professional nutritionist. Home visits are intended for children who do not attend the unit.

During the internship, it was observed that families avoid taking their children to the health service when they get sick. They opt for the use of teas and medicinal herbs, following their traditions and culture passed on by their background. In some cases, they are resistant to accepting drug treatment, such as when the child is affected by some pathology. To treat her, they make use of teas and rituals, or take her to the care of a village healer.

In this case, when monitoring the unit nurse, who has a bond with the families, it was observed that guidance was given regarding the need to offer the dose of a certain medication. In this situation, it is reiterated that this therapy may be associated with the use of teas and the care provided by the healer, in order to respect and value their customs, seeking care without impositions.

Another significant experience was the follow-up of childcare consultations in the village, which made it possible to articulate the theoretical contents developed during the undergraduate nursing course classes. Thus, when performing the physical examination on newborns (NB), it was observed that most of the umbilical stumps had traces of medicinal herbs. In view of this, it is noteworthy that in a given population or community it is tradition to use medicinal plants to cure or treat diseases, requiring

knowledge about their characteristics and their way of harvesting and preparation.⁵

In this context, guidance was given on the correct way to clean the umbilical stump, recommended by scientific evidence. However, we sought to respect the cultural aspects that influence the care process of this population, in a dialogic interaction. Considering the culture, its particularities and traditions, through mechanisms of the health service, guarantees the recognition, appreciation, equality and respect of healing practices in the process of caring for indigenous peoples.⁶

Another care practice related to the NB was related to breastfeeding. In the opportunity for dialogue between professionals and family members, it was inferred that the belief that permeates is that breast milk lacks the nutrients necessary for the child to grow and develop, requiring supplements such as teas and water during the breastfeeding period. In this case, the nurse and academic encouraged the practice of exclusive breastfeeding until the sixth month of life, complemented by healthy foods until at least two years of age, prompting reflection on the benefits of this practice.

Breast milk offers all the necessary nutrients for the healthy growth and development of children, reducing cases of respiratory infections, diabetes, obesity,

hypertension, diarrhea and high cholesterol. In addition, it reduces mortality by up to 13% from preventable causes in children under five years of age. Therefore, it is relevant to breastfeed children up to two years old and exclusively up to six months of life.⁷

To guarantee the rights to cultural diversity and respect traditional indigenous knowledge in care practices, health professionals articulated the creation of medicinal gardens at the UBS. This organization reinforces the importance of traditional indigenous medicine in therapeutic practices, since they have peculiar perceptions regarding health, illness and illness. In addition, it brings them closer to health professionals, strengthening bonds and sharing their experiences in the context of health care. This relationship is necessary in order to enable strategies of (re)cognition of both scenarios, both contemporary and ancient scientific practice.⁵

However, it should be noted that the biomedical view still predominates in academic training, requiring a broader view of care that encompasses integrative and/or alternative practices, based on the use of medicinal plants and phytotherapy, since their benefits such as, for example, the reduction of costs for health, health promotion and disease prevention.⁶ The fact is that the assistance provided to indigenous

people, with emphasis on children's health, requires respect and understanding regarding their lifestyle. It is certainly opportune to intertwine nursing care and the methods used by the population, such as the use of roots, native plants and the search for healers.⁸

The nursing team has a vaccination routine, at the beginning of each month, over a period of four days, as the UBS does not have a specific room for this purpose. Thus, one of the major challenges is to reduce vaccination delays, since many family members do not take their children to the unit, considering that most indigenous people do not have their own transport, requiring an appointment for their displacement. It is noteworthy that immunization is among the strategies for preventing morbidity and mortality in childhood, and its cost-benefit surpasses therapeutic actions and health rehabilitation.⁹

In addition to providing direct care to the children, the UBS nurses are also responsible for the monthly educational activities carried out at the school. During the internship, the following themes were developed: healthy eating, body hygiene and childhood accident prevention, listed by the school itself. Even being in a period destined for the school holidays, the children still maintain their school activities.

Educational activities are considered a fundamental resource to promote health, from the perspective that children can act as multipliers of information shared with their family/community. Thus, the school can be considered a health promoting space for nursing care in the indigenous community, aiming at the integral development of the child, including its physical, psychological, intellectual, social and spiritual aspects.¹⁰

At school, educators and students seek to share the native language in the teaching-learning process, in order to respect and encourage indigenous knowledge and practices, preserving their generational culture. In this aspect, from what was experienced, the importance of the nursing team residing in the community and being indigenous descendants, as well as the academic who developed the internship, became evident. Such aspects tend to facilitate the implementation of health care consistent with the reality and needs of this public, which so much lacks information and empowerment to fight for the individual and collective health of its people.

FINAL CONSIDERATIONS

From the lived experience, the relevance of the professional nurse's work in favor of the health of indigenous children was revealed. When visualizing the work of nurses in the indigenous village, it was

evident how wide the spaces for nursing work are, and in each place it is necessary to know and respect the culture of those who will receive care.

Although nursing graduation encompasses several areas of knowledge, there are still gaps in the training of nurses to work in indigenous health. There is an urgent need to expand discussions on interculturality in the academic training process, in addition to providing opportunities for experiences in this reality to understand the particularities in the health-disease process of indigenous people.

In this way, an interaction between nursing care practices with the traditions and customs of indigenous culture becomes urgent. Therefore, it is necessary for the professional nurse to consider the millennial popular knowledge of this public in their daily lives, especially in the health care of children and, when possible, reside in the community and even be of indigenous descent.

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