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Perception of the health-disease process: meanings and values of the Haliti-Paresí Indians

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ABSTRACT. Health is defined by the World Health Organization as a state of complete physical, mental and social well-being, and not merely the absence of disease. The present study aimed to know and reflect on the perception of the indigenous ethnicity *Haliti-Paresí* on the health-disease process. It is a research with a qualitative and ethnographic approach, in which data were collected in July 2015, through visits in the *Wazare* village and dialogue with the 34 residents, followed by the constitution of core meanings for data separation, according to their nature. The *Paresí* define health as the state of vitality in which there is energy to perform the basic activities, with food, hygiene and spirituality as determining factors. Negligence by the individual, climate change and higher forces establish the disease, with hantavirus being the main and most worrying. The health-disease process is based on the culture of this people, in which there is the figure of the shaman, elder or chief to reestablish the vital balance through rituals, offerings, teas and prayers, associated with Western medicine. There should be greater training of indigenous and non-indigenous professionals to provide comprehensive and effective assistance, as well as health education as a tool for disease prevention.

Keywords: ritual behavior; spirituality; health promotion; vulnerability in health.

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Introduction

Health is defined by the World Health Organization (WHO) as a state of complete physical, mental and social well-being (Vargas-Santillán, Arana-Gómez, & Ruiz-Martinez, 2017), which does not refer only to the absence of diseases, but provides a holistic look, elucidating the relevance of both states to the full achievement of health of a society (Araújo & Xavier, 2014). In contrast, there is the disease, an alteration in body structure and/or function, which makes an intrinsic relation with self-care, including hygiene, healthy eating habits, physical activity and socio-environmental factors, which are the most effective alternative of preventive measures (Câmara et al., 2012).

By encompassing the objective and subjective order, the health-disease process, guided by social determinants (Santos, Silva, & Machado, 2016), is subsequently structured through the singular culture of each place, historical process and relations built in the community (Câmara et al., 2012), an object of looking at the different communities and inequalities that inhabit the territory. This correlation between the culture of a population and the established health-disease process must be recognized, understood and analyzed in order to subsidize interventions specific to that community, enabling effective and comprehensive health care.

In Brazil, a country with considerable cultural influence on health, due to its heterogeneous nature, integrated by cultures such as Afro-Brazilian and indigenous, the belief, religiosity, ritual and preventive and/or curative practices of complementary and alternative medicine (Contatore et al., 2015) interact combined to Western medicine in the search for healing and restoration of the balance of human being.

The Brazilian indigenous population corresponds to a contingent of 817,963 people, in which 315,180 live in the city and 502,783 in villages - distributed in 305 ethnic groups and speakers of 274 languages (Pereira, Biruel, Oliveira, & Rodrigues, 2014). Among them, there is the *Haliti-Paresí* ethnic group, which inhabits the region of

northern Mato Grosso and stands out for its socio-political interaction, advances in ethnical development and good relations with non-indigenous people (Terças, Nascimento, & Lemos, 2016).

In this context, we sought to know and reflect on the perception of the main indigenous ethnicity of the northern Mato Grosso - *Haliti-Paresí* - about the health-disease process, considering that it may provide subsidies for research and health actions directed to indigenous communities as a whole.

Material and method

This is a qualitative, descriptive and ethnographic, interpretation-comprehensive study, with a combination of methods, approaches and qualitative techniques, such as participant observation and semi-structured interviews. This type of study allows the researcher to be more involved with the reality of the studied subject/object, enabling a deep investigation and analysis of their everyday experiences through meanings that are formed throughout the essay, besides promoting a holistic approach in the objective and subjective orders of the explored culture (Almeida & Pena, 2011).

Aspects, such as constant observation, combined with formal and/or informal interviews, stories and events resulting from daily living, should be considered in studies of this scope, enhancing the relationships and connections between various dimensions that encompass the perception of cultural practices of a particular group and macro scales of analysis, enabling the interpretation of the facts and social changes that derive from the experienced historical processes (Salgado, 2015).

For the development of ethnography, the data collected must provide meaning to the experiences, and the researcher must appropriate this information (Signorelli, Auad, & Pereira, 2013). For this purpose, the researcher sought to listen to reports, visit the residences of the natives, observe habits, know the rites developed by the *Haliti-Paresí* as well as the traditions of this people, totaling significant data sources for the understanding of the health and disease interface under the optics of the *Paresí* people.

The villages are located in the middle north of Mato Grosso and are distributed in the cities of Tangará da Serra, Campo Novo do Parecis, Sapezal, Diamantino, Nova Marilândia, Conquista do Oeste and Barra do Bugres (Figure 1), totaling 56 villages and occupying, currently, 1,120,369.5 hectares of territorial extension, with lands in different stages of homologation. Among this contingent there is the *Wazare* village, where the ethnography was developed, located in the city of Campo Novo do Parecis, 400 kilometers away from the capital of Mato Grosso - Cuiabá (Terças et al., 2016).

A priori, the researchers contacted all the indigenous residents in this village, totaling 34 individuals belonging to the same family, identified in the research through alphanumeric coding, where P corresponds to *Paresí* and the number that integrates the order of occupation of the participant in the study, in order to preserve anonymity and secrecy. This careful investigation occurred in the period of July 2015 and the dialogues with the natives were recorded, so that the reproduction of the speeches remained faithful to the original discourse and no information could be lost. After that, all the content was divided in meaning cores, which covered the following themes: perception on the concept of health; major health problems in the village and their etiologies; relationship between *Haliti-Paresí* culture and health; and responsibilities in health.

To analyze the data, we used the logical analysis, which in qualitative studies favors the identification of causalities. Moreover, this technique allows the analysis of the use and influence of the evaluations, providing an interventionist outline in accordance with the expected results and defining the stages in which they will be evaluated (Mark, 2011). The research was approved by the National Committee of Ethics in Research (Conep), under opinion 819.939/2014.

Results and discussion

Perception on the concept of health

The indigenous community *Haliti-Paresí* has origin based on mysticism and is from the region of Ponte de Pedra, where the men lived. According to them, this stone was opened by the dwarf woodpecker and the macaw for the release of their chief, *Wazare*, who led the subgroups of this people, namely *Waimaré, Kaxiniti, Kozarini, Warere* and *Kawali*. Its culture is based on work in plantations, receipt of informal tolls at the road drive BR-235 - Campo Novo do Parecis à Sapezal - preparation of *biju* (typical food), tourism, sewing, weaving hammocks, hunting, fishing and handicrafts. Also, some of the work as teachers, indigenous sanitation agents, indigenous health workers and drivers of health units (Silva, 2014).

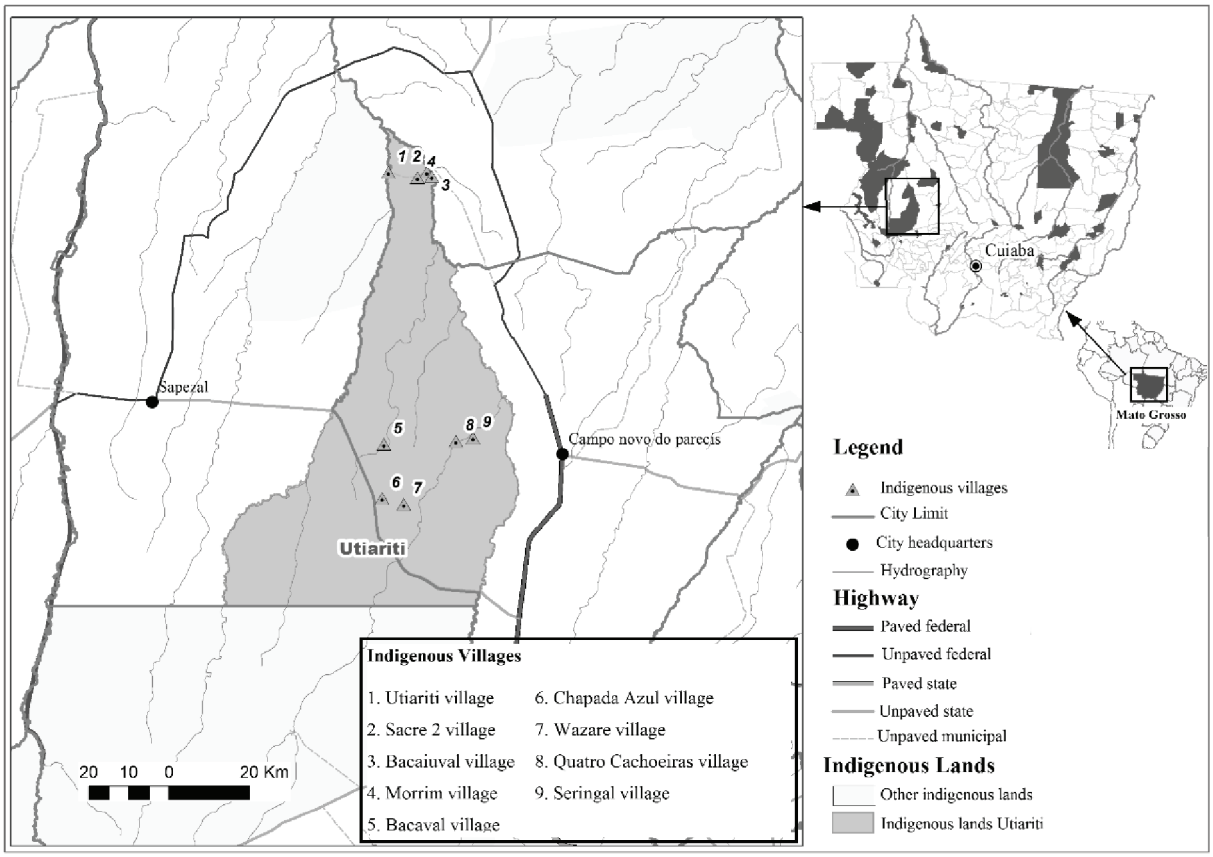

Figure 1. Location of the indigenous land Utiariti, and villages *Haliti-Paresí* and *Wazare*, State Mato Grosso, Brazil, 2016 (Terças et al., 2016).

For this people, health is conceptualized as being well not only with the body but also with the spirits and all therapy performed in order to obtain healing is based on magic and mysticism, characterized by their entities of good and evil, *hutyhaliti* and *thihanare*, respectively. For this purpose, they rely on traditional American Indian medicine, developed mainly through the use of medicinal plants and rituals from the shamans, healers and midwives (Ferreira, 2013).

For the *Paresí*, being healthy refers to a state of vitality, being with energy, being able to exercise their activities of the daily living (ADL), being disposed, and also emphasizing prevention, demonstrating the impact of health education, which gradually was introduced in the culture of this ethnic group, providing greater social control in the biomedical assistance model, as elucidated below.

> For me, being healthy means you stay... ah ... mainly having hygiene, being clean, having the village clean, cleaning the house, not to take disease right?! Taking the necessary care of the house and with the children (P1).
> Health for me is the quality of life that we have, of us being able to accomplish all ... all the activities that we have to do. Developing them and living well, right? (P4).

Hygiene is characterized as a historical process of seeking health through personal care, especially with children and with the environment, in which daily cleaning is crucial for the maintenance of vitality. In the morning, before sunrise and after lunch, women and children take bathes in the river, followed by men and couples with children, who wait for the end of all to go to the river. Still in the morning, they clean the houses and the yard, wash the dishes and clothes, after which they dedicate themselves to the preparation of lunch. Women are the main responsible for these activities and practices are alternated, that is, there is a collective work, while one group is in charge of hygiene, others perform harvesting, preparation of roots, vegetables and other foods for meals (Noda et al., 2003).

Community work is determined because family nuclei are made up of larger numbers of people when compared to traditional families, which is also evidenced in other activities carried out by indigenous people, such as water care, cleaning and garbage collecting, thus resulting in satisfaction and achievements, besides being recognized as methods of health promotion, given they understand the relationship of poor diet and hygiene with the contraction of diseases (Falkenberg, Shimizu, & Bermudez, 2017).

Combined to this initial perception about health, some determinants and conditions for the achievement of this state were highlighted.

> Health is to eat well, sleep well, work well, sweat to take away the bad sweat from the body [laughs], play soccer [laughs] (P2).

These factors are in line with those advocated by the National Policy for Health Promotion (PNPS in Portuguese), namely working conditions, living habits, housing, education, culture, environment, access to goods, leisure and basic services, referring to their actual influence on population's health (Vendruscolo, Trindade, Rech, Ferraz, & Krauzer, 2015). Studies describing the perception of health under different optics have elucidated that this meaning is related to physical aspects, such as the state of illness or sensation of pain; economic aspects, emphasizing the possibility of exercising labor activity and acquisition of financial resources; and social aspects, where it is cited the freedom that permeates the relations, in which the individual chooses and builds their own social circle (Vargas-Santillán et al., 2017).

This perception was also observed in the indigenous ethnic group *Deni*, living in the Amazon, who attributes to the activities performed in the environment means to meet the daily living needs and maintenance of health conditions, highlighting the food, housing and cultural aspects, which materialize as forms of subsistence, resulting in physical survival and ethnic life. For the *Deni*, the spaces of cultivation are seen beyond spaces of agricultural production and use of natural resources, under a social, leisure and family education context (Noda et al., 2003).

The organization process of this ethnicity reflects on cultural techniques and experiences that go through generations, resulting in an agroforestry productive system based on the preservation of environmental resources, which is part of the cultural precepts of this people and of adaptation to the ecosystems and geographic spaces inhabited (Noda et al., 2003). This reality was also evident during studies on indigenous history through aspects related to the political organization, food, labor, housing and other health determinants provided in Law No. 8.080/90, being associated with the European and imperialist gaze, expressing the country's economy (Lamas, Vicente, & Mayrink, 2016).

Major health problems in the village and their etiologies

According to the *Haliti-Paresí* group, as soon as there is no aptitude to perform the activities described above or when they are harmed, the disease installs due to carelessness arising from the lack of control over the individual himself or those under his responsibility - as children -; from climate change, which mainly favors the occurrence of respiratory illnesses; and from the working routine, characterized as heavy and sometimes overloading.

> From the moment you are not healthy, you do not feel like leaving home, you stay there at home, without doing your activities, or doing your activities at home. But you do not have the willingness to perform tasks, get along with other people, go out, talk, this type of things, because a person who is sick becomes almost always lying there, just wants to be quiet in their place (P4).

The state of being healthy, according to this population, is related to the possibility of social insertion and interaction, permeated by communication and collective participation (Vargas-Santillán et al., 2017). Social representations in health are understood as forms of thought where properties and roles are associated with changeable processes of life and social communication, defining the identity and particularity of individuals and the genesis of the relationships they maintain. They integrate opinions, beliefs and knowledge about a certain object of central interest, in this case, health, and are constructed in such a way as to reshape the reality experienced by a specific group (Silva & Menandro, 2014).

Studies have shown this association by different life cycles, such as the elderly, adolescents and adults, defining the transition and interaction with society as a health act, relating them to working and living with other people that do not belong to their core family, exercising autonomy and independence and integrating an active state of preservation of quality of life and social value (Silva & Menandro, 2014). These factors are addressed in the PNPS through the guidelines that advocate cooperation, respect for singularities, intersectoriality, commitment to comprehensive care, combined management and strengthening of social participation, thus promoting quality of life and reducing health vulnerabilities and risks (Malta, Silva, & Jaime, 2014).

The main health problems found in the speeches are diarrhea, low child weight, common flu, infections due to falls and/or routine accidents, viral infections, allergic rhinitis, bronchitis, fever and hantavirus infection, which is the most worrying.

> Well, the most severe thing that happened was the contact that my mother-in-law had with hantavirus, you know? (...) We are sure that many people here had contact with hantavirus and ... this is more serious. But the most common is flu; the children have it at lot, because they are always in the river (P7).
> A concern we had and still have is with hantavirus; in this last case, my husband's grandmother had it and almost died. They had this concern in getting rid of the rats and other important precautions to prevent this from occurring again but apart from that, there is almost no concern about it (P4).

Hantavirus infection is a serious viral disease that can progress to death in 50% of cases (Ferreira, 2003) (Vial et al., 2013). It affects people mainly due to the human occupation of areas of environmental transformation, such as the one observed in the *Wazare* village, which was founded in 2012. It affects mainly rural populations, river dwellers, maroons, settlers, squatter, prospectors and natives (Ayres, Calazans, Saletti Filho, & França-Junior, 2006) (Nichiata et al., 2011) and this exposure is accentuated by the relationship of the indigenous people with the environment, which occurs intensely (Gouveia, 1999) (Weihs & Mertens, 2013). In Brazil, the first cases of hantavirus infection were detected in 1993 after a family outbreak that resulted in two deaths in the state of São Paulo. After this, it became endemic in the country, with distribution in 15 Federated Units, in the five regions of the country (Marcos, Junior, & Rosa, 2016).

The fact that hantavirus infection is a major health problem and present in most indigenous discourses may be related to the severity and speed of clinical evolution (Lemos & Silva, 2013), demonstrating the need for health surveillance actions in areas of vulnerability to broaden the view on emerging diseases and thus diagnose them and enable fast interventions in order to reduce morbidity and mortality in these communities.

Relationship between culture and health

According to Ferreira (2013), indigenous medical systems must be articulated with Western medicine, providing a higher quality care to these peoples and aiming for comprehensive health care. For this purpose, the healer of the *Paresí* territory acts in the diseases of the spirit and sporadically of the body, being responsible for treating the 'diseases of indigenous people', whereas the health professionals treat of the diseases of the body, considered by this ethnic group like 'diseases of non-indigenous people'.

> I think that here in the village we look more at the spiritual look of the body itself. If we are not sick, we are very worried if we are with God, let's put it this way, and He who rules us, right? If we are not well with Him, we will become sick, that is why we make our offerings, we pray, so that there is a balance, not only in the body, but also in the spirit (P5).
> Sometimes the doctor comes (...) with the technician or sometimes the nurse comes with the technician (...). We receive two medical visits, two visits a month. Also, when we need, we call there and they come and pick the person and take them to the doctor and bring again, or else they attend them right here or, when it is needed, they take them to the hospital, right? (P14).

The religious practices of non-indigenous people were disseminated among the indigenous people by the Rondon and Anchieta Mission, who catechized and integrated them into national civilization through literacy based on religiosity, believing in the need for a contact and learning about the true God, according to Catholicism. This model, applied in boarding schools, began to be carried out in the villages around the 70's, strengthening the proximity to the American Indians and the effectiveness of actions. Over the years, these activities have been maintained by other entities, such as Operação Padre Anchieta (Opan), Irmãzinhas do Sagrado Coração de Jesus and Protestant Missions, always being linked to literacy and the religious practice of the whites, presenting the monotheism to the natives (Câmara et al., 2012).

Indigenous religiosity remained open to other religions, sometimes withdrawn but always existing. They are heterogeneous peoples with different languages that share great religious diversity: rituals, sacred calendars, different forms of worship and various names for God, characterized as inclusive and ecumenical, promoting interculturality (Oliveira, 2014).

Due to a cultural issue, whenever possible, health care is provided by indigenous professionals because of this cosmological, symbolic and spiritual internalization that these people have, highlighting the encouragement to the formation and qualification of these professionals in the community. This also

materializes as a strategy for creating and offering paid jobs for the community, periodic absence of non-indigenous health professionals in the villages and as mediation in inter-ethnic relations, according to the National Policy for Attention to the Health of Indigenous Peoples (Pnaspi), highlighting the training of the indigenous Health Agents (AIS) (Langdon, Diehl, & Dias-Scopel, 2014).

There is concern about the preservation of other habits. The *Haliti-Paresí* emphasize activities such as painting, dancing, singing, myths, traditional food such as string beans, free-range chicken, cassava and yams. They assert the discourse that preserving these habits enables controlling what concerns the Western culture, so that this latter does not to become paramount, and preserves the language, teamwork in the search for harmony and good coexistence, instruction of children, dissemination of their culture to the society and preservation of the environment, maintaining an intrinsic relationship with the strength of the forests, which according to them, invigorates the energies.

The environment is seen in a comprehensive way, ranging from the interactions between living beings and climatic phenomena, like catastrophes, to entities, monstrous creatures and deities.

> We live in the border and in our water, the water we drink, comes down with pesticides, all these things come down, let's say the chemical waste that comes from the crops, and so we end up consuming this water and it ends up affecting our health status a lot (P25).

Fóller (2004) and Velden (2012) corroborate that the origin of a disease among indigenous peoples can often be found in the relationship between sick human beings and parts of nature, such as plants and trees, or even phenomena, such as winds or water swirls. Nowadays, this kind of explanation can be extended and include 'modern' phenomena, such as airplanes passing in the sky and flue gases - contaminations.

In addition to these factors, there is the perception of the *Haliti-Paresí* on the intervention of health services in the village, through immunizations, sanitation actions and participation in consultations that monitor health care, as also presented in other studies (Silva, Diaz, & Silva, 2015). In the field, we observed the accomplishment frequent meetings in which they discussed themes and ideas that could lead to improvements for the village. They emphasize their concern for children, who are always involved in the activities of this people, adult awareness through lectures of the chief and responsibilities of women in health, since these latter occupy a central role in care, as can be observed in the speeches:

> Well, in my family group, my mother is responsible for the health of everyone. She takes care of everyone, all the people in my family, right? She is the one who provides care when someone is sick, something like this. (P5).
> In the dry season, in the cold, I always try to keep the children well dressed, not to get too much wind; they drink lots of liquids, that's all. (P3).

The role of indigenous women in Brazilian villages consists of caring for the community's nature, culture, crafts, children and health. In this context, men play a secondary role, primarily assuming the role of provider, while the woman is recognized as a caregiver. It should be stressed that, for a proper and effective social organization of the ethnic group, there must be this division of attributions, in which both have their relevance. Consequently, there is no superiority or inferiority between them, they are crucial for the maintenance of the village and preservation of culture (Grubits, 2014).

Conclusion

Perception of the *Haliti-Paresí* people on the health-disease process is based on their values and beliefs, with a predominance of spiritual influence, in which they believe there are entities of good and evil that are responsible for the establishment of a disease or for its cure. As mediator between these deities and possessing considerable knowledge about these phenomena, there is the shaman, elder or maximum authority in the village, who through sacred rituals and, treats the body and spirit of his people.

Studies of this type are extremely relevant in the area that aim to reduce the vulnerabilities this peoples.

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