Health conditions of quilombola community in the north of Minas Gerais

Pinho, Lucinéia; Dias, Roberta Laiane; Cruz, Luciana Mendes Alves; Velloso, Nádia Aléssio

RESEARCH

Condições de saúde de comunidade quilombola no norte de Minas Gerais

Health conditions of quilombola community in the north of Minas Gerais

Condiciones de la salud de la comunidad quilombola en el norte de Minas Gerais

Lucinéia Pinho [1], Roberta Laiane Dias [2], Luciana Mendes Alves Cruz [3], Nádia Aléssio Velloso [4]

ABSTRACT

Objective: To characterize the health of a quilombo community in northern Minas Gerais. **Method:** This was a descriptive study of a quantitative nature, from the secondary data collection system of the Primary Care Information - SIAB, 2010. **Results:** It was observed that most households own brick house (89.4%), households are mostly supplied by water from wells and springs (66.3%) without the use of the method for purification (91, 3%), household garbage and waste (32.0%) are deposited in the open, 74.0% of households have electricity from the public. It observed that the most prevalent diseases were hypertension (9.5%) and Chagas disease (2.5%). In risk analysis, 47.1% of households classified as medium risk. **Conclusion:** The data shows the vulnerability of the health conditions of quilombola families. **Descriptors:** Health, Living conditions, Vulnerable populations.

RESUMO

Objetivo: Caracterizar as condições de saúde de uma comunidade quilombola no Norte de Minas Gerais. **Método:** Trata-se de um estudo descritivo de natureza quantitativa, a partir da coleta de dados secundários Sistema de Informação da Atenção Básica - SIAB, ano de 2010. **Resultados:** Observou-se que a maioria das famílias possui casa de alvenaria (89,4%); os domicílios em sua maioria são abastecidos pela água proveniente de poços e nascentes (66,3%) sem uso de método para purificação (91,3%); o lixo doméstico e dejetos (32,0%) são depositado a céu aberto; 74,0% das famílias possuem energia elétrica da rede pública. Observou-se que as doenças mais prevalentes foram a hipertensão arterial (9,5%) e a doença de Chagas (2,5%). Na análise de risco, 47,1% das famílias foram classificadas como médio risco. **Conclusão:** Os dados revelam a vulnerabilidade das condições de saúde das famílias quilombolas. **Descritores:** Saúde, Condições de vida, Populações vulneráveis.

RESUMEN

Objetivo: Caracterizar la salud de una comunidad aislada en el norte de Minas Gerais. **Método:** Se realizó un estudio descriptivo de carácter cuantitativo, desde el sistema de recolección de datos secundarios de la Información de Atención Primaria - SIAB, 2010. **Resultados:** Se observó que la mayoría de los hogares poseen casa de ladrillo (89,4%), los hogares son en su mayoría suministrados por el agua de los pozos y los resortes (66,3%) sin el uso del método para la purificación (91, 3%), la basura doméstica y los residuos (32,0%) se depositan al aire libre, el 74,0% de los hogares tienen electricidad por parte del público. Se observó que las enfermedades más prevalentes fueron hipertensión (9,5%) y la enfermedad de Chagas (2,5%). En el análisis de riesgo, el 47,1% de los hogares fueron clasificados como de riesgo medio. **Conclusión:** Los datos muestran la vulnerabilidad de las condiciones de salud de las familias cimarrones. **Descriptores:** Salud, Condiciones de vida, Las poblaciones vulnerables.

[1]Nutritionist. Health Science Doctor. Universidade Estadual de Montes Claros (UNIMONTES). Montes Claros (MG), Brazil. E-mail: lucineiapinho@hotmail.com. [2]Pharmaceutical. Degree in Pharmacy, Faculdades Santo Agostinho (FASA). Montes Claros (MG), Brazil. E-mail: robertalaianedias@yahoo.com.br. [3]Pharmaceutical. Degree in Pharmacy, Faculdades Santo Agostinho (FASA). Montes Claros (MG), Brazil. E-mail: lukbaiana@hotmail.com. [4]Pharmaceutical. PhD in Toxicological Biochemistry. Faculdades Santo Agostinho (FASA). Montes Claros (MG), Brazil. E-mail: na.velloso@gmail.com

INTRODUCTION

The word "quilombo" popularized in Brazil by the colonial administration to refer to mutual support units created by the rebels to the slave system and its reactions, organizations and struggles against slavery in the country.[1]

Quilombolas communities officially recognized by the Brazilian State in 1988, paragraph Article 68, the Transitional Constitutional provisions Act.[2] all Brazilian regions feature areas remnants of quilombo communities, and there are records of 2790 communities in the country with diverse regional views.[3]

The strong bond with the environment they occupy characterizes these communities, ensuring a natural balance with the ecosystem. Most families live off subsistence agriculture and using rudimentary farming techniques to ensure basic consumer products.[4]

As to education in those communities, there are typically elementary schools, which is a factor that hampers the continuity of studies on population. There is General ignorance of the population about the importance of education in the lives of individuals, which perpetuated between generations and culminates in low levels of schooling.[5]

Another important feature of these communities is the lack of local health services, causing the diseases arise, its inhabitants forced to travel long distances in search of help. The health conditions of these populations are insufficient; most do not have treated water and sewage.[4] natural framework conditions influence the socio-economic life of the Maroons and, indirectly, his health.[6]

Currently, the Federal Government has encouraged the presence of teams of the family health Strategy with high social vulnerability groups, including here the attendances Quilombola communities.[5] But the access of these populations to basic health units and the center of the municipality varies, either by distance or by the absence of transport, besides the need to overcome barriers such as rivers, slopes and forests.[7]

People who live in these communities dream of transforming the place. Among the main demands of these populations, include access to land, infrastructure and quality of life, productive inclusion and local development, law and citizenship. In the area of health the quilombola populations requires improvement and/or implementation of quality healthcare services; deployment and structuring the health programs, dental care and implementation of effective actions for the detection and control of sickle cell anemia.[8]

Ensure access to health and social services to the quilombolas communities is still a big challenge in the country, this group being considered as one of the poorest segments, forgotten and unknown to the society.[9] thus, this study aims to present health conditions on remaining community in the North of Minas Gerais quilombola, so that this is a starting point for targeting local public policies and interventions that impact in the reduction of health inequities.

METHOD

This is a retrospective study, descriptive quantitative nature based on secondary data. To this end, we evaluated aspects of quilombola describing territory, according to data from primary health care information System-SIAB[10], the situation of community health of groups of Brejo dos Crioulos.

The community is located between the municipalities of São João da Ponte and Varzelândia and Verdelândia. Formed in the XVII century, on the shores of the Lagoa Peroba, ebb of the middle Ribeirão do Arapuim, with development of peculiar system of social, cultural and productive organization, based in African, Indigenous and Portuguese heritage.[11] Is a black rural community, recognized since 2003 as remaining quilombolas, about 3,140 residents divided into 460 family grouped in 8 local groups: Araruba, Arapuim, Cabaceiros, Caxambú, Conrado, Furado Seco, Furado Modesto e Serra D´Água situated between large and small farms in the borders of the municipalities of São João da Ponte and Varzelândia, Verdelândia.[12]

The focus of this study, were the groups Araruba and Caxambu, belonging to the municipality of São João da Ponte in the North of Minas Gerais, met by the family health strategy of Vera Cruz and Dinizlândia, respectively.

The study included the data registered in the year of 2010 in the Records of the SIAB. From the information collected in the form it was possible to verify the number of households and the number of inhabitants in the community, in addition to housing-related data and its variants, health conditions and social indicators such as education, occupation, age and sex. The plug of the SIAB also made it possible to enumerate some frequent diseases in population groups of quilombola Araruba and Caxambu.

THE *software* Microsoft Excel 2007was used for the analysis of the data, which presented in tables through the distribution of frequencies.

RESULTS E DISCUSSION

The analysis of the form of the Record of the SIAB enabled the demographic characterization of housing conditions, health conditions, and health of the population remaining quilombola.

Regarding the characterization of social demographic population of rural black communities, according to data of the SIAB Araruba communities and Caxambu composed

jointly by 475 inhabitants, which distributed in 104 households, and 74 families 30 respectively, registered and accompanied by the program of the family health strategy-ESF in the year 2010.

The inhabitants of Araruba groups and Caxambu belonging to the quilombo of Brejo dos Crioulos added a percentage of 53.0% (252) persons female and 47.0% (223) male people. As for the age group the population is predominantly an adult (population over 15 years old) comprising 62.9% (299 inhabitants). Authors point out that higher percentage of women in quilombolas communities can be associated with the migration of men to other regions of the country in search of work.[13]

The inhabitants of the communities live mainly from subsistence farming (70.2% of the population) with vegetable production, cassava and some grains, such as corn and beans. According to their labour activities, 36.0% (171) are devoting themselves to the small farmer agriculture and 41.7% (198 people) are students. Regarding schooling, it observed that 81.8% (144 people) of children under 14 years of age and only 18.1% (54 people) of adults (over 15 years) attend school. Besides the Plug not to specify the series frequented by students and even if they matriculated, also it has not been possible to check the rate of truancy in quilombola community groups. In general, there is a low level of schooling in the adult population of the community, which may contribute to the maintenance of poverty and underdevelopment in this community.

Table 1- Demographic distribution of the population of quilombola Araruba and Caxambu do município de São João da Ponte, MG, 2010.

Traits Evaluated	n	%
Sex		
Female	252	53.0
Male	32R	47.0
Age		
People above 15 years	299	62.9
People until 14 years	176	37.1
Largest literate 15 years		
Yes	199	66.6
No	73	24.4
Not informed	27	9.0
Attends school until 14 years		
Yes	144	81.8
No	19	10.8
Not informed	13	7.4
Occupation		
Student	198	41.7
Farmer	171	36.0
Of home	25	5.3
Retired	03	0.6
Other	08	1.7
Not informed	70	14.7

Source: SIAB, 2010

In table 2 presented data regarding the characterization of households, means of transport, and means of communication and presence of electrical energy. As to the characterization of the households, it was observed a predominance of houses built in masonry, 89.4% (93 houses), some without mortar and dirt floors. The villas possess on average five-room house and electricity in 74.0% (77) of the same. The main means of transport is the bus (90.3 percent) despite the precariousness of the roads that connect these communities to the urban center of São João da Ponte. As for the means of communication, the main use is the radio (59.6 percent).

Table 2-characterization of the households of the Quilombola groups of Araruba and Caxambu municipality of São João da Ponte, MG, 2010.

Traits Evaluated	n	%
Type of Housing		
Brick/adobe	93	89.4
Material Used	01	1.0
Not informed	10	9.6
Number of rooms		
01 to 04 rooms	43	41.3
05-08	50	48.1
09 or more	02	1.9
Not informed	09	8.7
Means of transport used		
Bus	94	90.3
Car	01	1.0
Wagon	01	1.0
Other	01	1.0
Not informed	07	6.7
Means of communication		
Radio	62	59.7
TV	33	31.7
No	02	1.9
Not informed	07	6.7
Electric energy		
Yes	77	74.0
No	04	3.9
Not informed	23	22.1

Source: SIAB 2010

As data exposed in table 3, the water supply is a matter of great importance in these communities since, according to the data, 66.3% of quilombo population use water from wells/sources being that only 22.1% of the population claimed to use water from public supply network. In relation to the treatment of water for consumption found that 91.3% of households reported not using any method of water purification. This is a relevant factor to the health of the Group since many infectious or parasitic diseases, common in quilombolas communities[14], can transmitted through the poor quality of water consumed.

The another problem faced by community health is the fate of the trash, since, although 55.7% of families declare that burn the waste produced, other 34 families (32.7 percent) deposit the garbage will open which also favors the proliferation of vectors such as rats, scorpions and barbers. The absence of basic infrastructure is associated with various diseases related to lack of health, sanitation, sewer, and treated water and the accumulation of solid wastes.[15]

As for the destination of dejections, 61.6% (64) of households have septic tank in their homes, 31.7 (33) declared release to open. The use of the environment to dispose of faces favors the proliferation of vectors and of endemic disease-causing microorganisms and parasites, as well as water contamination of surface water, harming the quality of the water consumed by people.[16]

Sanitary conditions are common problems observed in other areas of remaining quilombos in the country, which lack of basic policies related to health, education and social assistance, are considered as factors of negative impact on the health conditions of these communities.[13-14.17-18-19]

Table 3- sanitary conditions of quilombola community Araruba and Caxambu municipality of São João da Ponte, MG, 2010.

Features Rated	n	%
Water supply		
Public network	23	22,1
Well	69	66,3
Others	01	1,0
Not informed	11	10,6
Water treatment		
Without treatment	95	91,3
Filtration	01	1,0
Boil	01	1,0
Chlorination	01	1,0
Not informed	06	5,7
Trash destination		
Open sky	34	32,7
Burned	58	55,7
Collected	03	2,9
Not informed	09	8,7
Fate of feces		
Open sky	33	31,7
Septic tank	64	61,6
Not informed	07	6,7

São João da Ponte, MG, 2010. Source: SIAB 2010

In table 4 presented data regarding health conditions. It observed that the most prevalent diseases were hypertension (7.2%) and Chagas disease (2.5 percent) in 61 instances pointed out in the community. Hypertension has recorded frequently in the data collected by the quilombolas communities[6.13, 18]. The existence of chagas disease depends

on the distribution of poverty and conditions generated by it that determine the conviviality of the man with the vector in the home environment ".[19]

The population in the event of sickness seeks care in Hospital (59.6%) that is about 31 km from the community. Among the residents, 65.4% use the services of the Sistema Único de Saúde -SUS not having access to outsourced service or particular nor health insurance. Similar results reported by Amorim[13], which showed the use solely of SUS by most Maroons in a community in Bahia.

The risk classification performed in order to establish priorities in meeting taking into account the degree of vulnerability and risk situation of the family. Is made by selecting the Chart information for the assessment of situation in which families are in their day to day, based on the fundamental principle of fairness of the SUS.[20] according to Table 4, Caxambu and Araruba groups are, for the most part, framed in 2 and 3 Score, defining itself as medium risk families (47.1 percent) followed by 39.4% of families classified as low-risk. It has not been possible to establish that the criteria used in the table to define the risk classification of the families.

Table 4-characterization of the health conditions of the quilombola community of Araruba and Caxambu municipality of São João da Ponte, MG, 2010.

Traits Evaluated	n	%
Types of diseases		
Hypertension	34	7.2
Chagas disease	12	2.5
Diabetes	03	0.6
Alcoholism	06	1.3
Epilepsy	03	0.6
Other (Malnutrition, Cancer)	03	0.6
Health plan		
Yes	-	-
No	68	65.4
Not informed	36	34.6
In the event of sickness seek		
Hospital	62	59.6
Basic health unit-UBS	33	31.7
Not informed	09	8.7
Risk classification		
Score 0 (no risk)	07	6.7
Score 1 (low risk)	41	39.4
Score 2 and 3 (medium risk)	49	47.1
Score 4, 5 and 6 (high risk)	04	3.9
Not informed	03	2.9

Source: SIAB 2010

Public health policies should seek equity through inclusive attention to special groups, especially the Brazilian quilombolas communities[6], which according to data of this study still marginalized in society. Are communities, which attended in the context of the

civil rights struggle, the expansion of the concept of citizenship and the right to health as one of the fundamental rights of human beings.[17]

CONCLUSION

The analysis of the results allows the characterization of the health conditions of the Quilombola groups still precarious, since the population did not adopt habits that will improve your quality of life. In addition, the health service that still shows deficient despite prevention and improving the community. Other relevant factors to deficiency in the quality of life of these families are the sanitary condition and the environmental degradation, which, consequently, contributes to the emergence of diseases in the population. Thus, study highlights the high vulnerability of health conditions of that community, which points to the urgent need to adopt preventive measures and improving the situation of health, through the development of actions that involve the improvement of sanitary and environmental conditions of the Quilombola families, which, consequently, will reflect on the improvement of the health conditions of the same.

REFERENCES

1. Silva OS. Quilombos do Sul do Brasil: movimento social emergente na sociedade contemporânea. Rev Identidade. 2010;15(1):51-64.

2. Brasil. Constituição Federal da República, 1988. Ato das Disposições Constitucionais Transi¬tórias, artigo 68: Ministério da Justiça, 2002.

3. Anjos RSA, Cipriano A. As comunidades no território nacional. In: Anjos RSA; Cipriano A. Quilombolas: tradições e cultura da resistência. São Paulo: Aori Comunicação, 2007; 176-206.

4. Silvestre DO, Moreira APC. Uso, vivência e conservação do meio ambiente em populações tradicionais: o caso da comunidade quilombola de Caiana dos Crioulos, Alagoa Grande (PB). Cadernos do Logepa. 2011; 6(2):180-202.

5. Vicente JP. Os remanescentes de quilombolas do Vale do Ribeira no Sudoeste de São Paulo: piora na situação socioeconômica e de saúde? Rev Pediatria. 2004;26(1):63-5.

6. Freitas DA, Caballero AD, Marques AS, Hernández CIV, Antunes SLNO. Saúde e comunidades quilombolas: uma revisão da literatura. Rev CEFAC. 2011; 13(5):937-943.

7. Zollner Lanni AM, Santos CG, Alves OSF, Morais MLS, Kalckmann AS. Determinantes do Acesso à Saúde: o caso das populações remanescentes de quilombos. Saúde, Cultura e Subjetividade. Bol. Inst. Saúde. 2007; 41:43-5.

8. Santos JB. Território, Direito e Identidade: uma análise da Comunidade Quilombola da Olaria em Irará, Bahia. Antíteses. 2010;3(5): 221-245.

9. Santos MEG, Camargo PM. Comunidades Quilombolas de Minas Gerais no século XXI: história e resistência. Centro de Documentação Elóy Ferreira da Silva. Belo Horizonte: Autêntica/CEDEFES, 2008.

10. Brasil. Departamento de Informática do SUS (Datasus). Sistema de Informação da Atenção Básica. Notas Técnicas. Disponível em: http://tabnet.datasus.gov.br/cgi/siab/siabsdescr.htm. Acesso em: 04 de abril de 2011.

11. Brasil. Relatório de Missão Quilombola no Brejo dos Crioulos- FIAN Brasil e Relatoria Nacional para o Direito Humano à Alimentação Adequada e Terra Rural. 2008.

12. Costa JBA. Saber-se quilombola, ser quilombola: o enredamento de Brejo dos Crioulos (MG) nas tramas do aparelhamento estatal. Unimontes Científica. 2006; 8(2): 51-60.

13. Amorim MM, Tomazi L, Silva RAA, Gestinari RS, Figueirão TB. Avaliação das condições habitacionais e de saúde da comunidade quilombola boqueirão, Bahia, Brasil Biosci J. 2013; 29(4):1049-1057.

14. Damazio SM, Lima MS; Soares AR, Souza MAA. Intestinal parasites in quilombola community of Northern State of Espírito Santo, Brazil. Rev. Inst. Med. Trop. 2013; 55(3):179-183.

15. Teixeira JC, Heller L. Fatores ambientais associados à diarreia infantil em áreas de assentamento subnormal em Juiz de Fora, Minas Gerais. Rev. Bras. Saúde Materna. Infant. 2005; 5(4):449-455.

16. Silva JAN. Condições sanitárias e de saúde em Caianas dos Crioulos, uma comunidade de Quilombola do Estado da Paraíba. Rev Saúde Soc. São 2007; 16(2): 111-124.

17. Cabral-Miranda G, Dattoli VCC, Dias-Lima A. Enteroparasitoses e condições socioeconômicas e sanitárias em uma comunidade quilombola do semiárido baiano. Ver. Patol. Trop. 2010; 39(1):48-55.

18. Marques AS, Caldeira AP, Souza LR, Zucchi P, Cardoso. População quilombola no norte de Minas Gerais: invisibilidade, desigualdades e negação de acesso ao sistema público de saúde. Boletim do Instituto de Saúde 2010; 12(2):154-161.

19. Vieira MRM, Vieira MM. Atuação do Projeto RONDON em comunidade Quilombola do norte de Minas Gerais: um relato de experiência. Rev Afrounimontes. 2011; 1(1).

20. Savassi LCM, Lage JL, Coelho FLG. Sistematização de um instrumento de estratificação de risco familiar: Escala de risco familiar de Coelho-Savassi. J Manag. Prim. Health Care. 2012; 3(2):179-185.

Contact of the corresponding author:
Lucinéia de Pinho
Avenida Ruy Braga, s/n°, bairro Vila Mauricéia, Prédio 06 - CCBS
Montes Claros, Minas Gerais, Brasil. CEP: 39401-089
Fone: (38) 32298292. E-mail: lucineiapinho@hotmail.com