



# XXV Congresso de Iniciação Científica da Unicamp

October 18 to 20 Campinas | Brazil



2017



## Mediation between two cultures: health promotion and disease prevention in the indigenous basic health unit Aldeia Jaraguá Kwaray Djekupe

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### Abstract

The project sought to focus the dialogues and "translations" between the concepts of health belonging to the Mbya Guarani culture and non-indigenous medicine, as well as the challenges generated in this situation. To do this, the methodology used was to collect and read bibliographies, to carry out an ethnography of the indigenous health agents (AISs) and the indigenous sanitation agents (AISANs) of UBSI Aldeia Jaragua Kwaray Djekupe, both fundamental in the dialogue on health promotion and prevention of diseases occurring between Mbya and non-Indians, and in conversations and interviews with village members, with the UBSI staff in question and with the Xeramoí (pajé) and Karaí Kunhã (healing specialist) of the Jaraguá Kwaray Djekupe Village

### Key words:

*Indigenous health, Therapeutic itinerary, Indigenous health agent*

### Introduction

This research was developed with the Guarani Mbya people in the Jaraguá, located in the north of the city of São Paulo, next to the Bandeirantes Highway. This TI is composed of two main villages: Tekoá Pyau and Tekoá Ytu). The objective was to understand how the Guarani culture and Guarani non-indigenous medicine were mediated through the approach of the indigenous health and sanitation agents and the therapeutic itineraries that the Guarani choose to make when they fall ill.

### Results and Discussion

From the very beginning of the research, as we delved into discussions on Amerindian health, one of the complexities that emerged seemed to be omnipresent: the inherent difficulties present in the relations between two worlds with divergent logics. There seems to be always a tension in the relationship between the Juruá Amerindian logic, in this case Guarani. It was noticed that the AISs to the AISAN of the Jaragua represent a link between the Guarani community and non-indigenous health professionals. However, not always this link is put as a double hand of exchanges, since the non-indigenous team was captured much more (though not always consciously) imposing the non-indigenous form Indigenous to the agents than the AISs showing the Guarani side to non-indigenous professionals. Another fact is the lack of courses and capacities for AISAN and AISAN of Jaraguá, a common problem in several indigenous peoples<sup>1</sup>.

By following the trajectories traversed by guaranis that became ill understanding about behavior in relation to care and health services, which is interesting especially for indigenous populations, which are constantly moving between the indigenous and non-indigenous health system.

### Conclusions

Therefore, several deficiencies can be detected in the provision of health services indigenous. Planning to organize regular training courses for agents and non-indigenous professionals as well. Capacity building for all professionals could overcome the vision of "AIS as an agent capable of exercising functions as well as a facilitator of health program effectively promote its integration into EMSI itself" (SCOPEL, 2005, 158).

It is imperative that non-indigenous professionals know how to work with to create spaces for action and dialogue for various activities and discussions. However, rarely there are regular courses that prepare non-indigenous professionals to work with populations of different cultures. It was remarkable how the therapeutic itineraries are dynamic and complex. It is interesting as it is strongly present in the itineraries therapeutic relationship to the issue of the relationship between spiritual disease / white disease. Their own perception of whether they have white disease or spiritual disease is a fluid process of discovery, and that they themselves can do the judgment about what type of disease they have. Not always the actions of UBSI solve the problems, to which Kunha Karaí / Xeramoí another possible option.

The non-resolution of the disease with UBSI's actions is a kind of confirmation that the disease in question is not white, or, moreover, that it is not it's all white. Nadia, for example, points out how important it was to have taken her Kunha Karaí for her to take away the spiritual disease, so that later the disease of white could be treated and her daughter fully healed.

<sup>1</sup> DIEHL, Beatriz Elisabeth; DIAS-SCOPEL, Raquel Paiva; LANGDON, Esther Jean. Contribuição dos agentes indígenas de saúde na atenção diferenciada à saúde dos povos indígenas brasileiros. Caderno de Saúde Pública. Rio de Janeiro, n. 28, 2012. p. 819- 831.