

ORIGINAL ARTICLE

Reflections on health with Haitian immigrants through Paulo Freire's Research Itinerary

Reflexões sobre saúde com imigrantes haitianos pelo Itinerário de Pesquisa de Paulo Freire

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ABSTRACT

This study sought to understand the concept of health of Haitian immigrants and their possibilities to promote health in the face of the vulnerabilities they experience. Qualitative, participatory action research, based on Paulo Freire's Research Itinerary, consisting of three phases: thematic investigation; coding and decoding; critical unveiling. It included 10 Haitian immigrants, students at a federal university in the south of Brazil. Through Culture Circles, it was found that the concept of health is heterogeneous for Haitians, constituting an absence of disease, well-being, happiness, family, spirituality, food and work. Haitians were motivated to promote health through healthy eating, physical exercise, language improvement and organization of time to enable leisure. It is concluded that the participants reflected on their context, seeking strategies to promote health, mutually empowering each other. This was driven by the possibility of transforming their realities through new meanings about health, seeking to promote quality of life.

Descriptors: Immigrants; Holistic Health; Health Vulnerability; Social Determinants of Health; Health Promotion.

RESUMO

Tem-se por objetivo compreender o conceito de saúde dos imigrantes haitianos e suas possibilidades para promover saúde diante das vulnerabilidades que vivenciam. Pesquisa qualitativa, tipo ação participante, fundamentada no Itinerário de Pesquisa de Paulo Freire, constituído de três fases: investigação temática; codificação e descodificação; desvelamento crítico. Contou-se com a participação de 10 imigrantes haitianos, estudantes de uma universidade federal do sul do Brasil. Através do círculo de cultura resultou-se que o conceito de saúde para os haitianos é heterogêneo, constituindo-se em ausência de doença, bem-estar, felicidade, família, espiritualidade, alimento e trabalho. Os haitianos motivaram-se a promover saúde por meio da alimentação saudável, exercícios físicos, aprimoramento do idioma e organização do tempo para possibilitar o lazer. Conclui-se que os participantes refletiram sobre seu contexto, buscando estratégias para promover saúde, empoderando-se mutuamente. Isto ocorreu pela possibilidade de transformar suas realidades com novos significados sobre saúde, desejando promover a qualidade de vida.

Descritores: Imigrantes; Saúde Integral; Vulnerabilidade em Saúde; Determinantes Sociais da Saúde; Promoção da Saúde.

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INTRODUCTION

Health and immigration have been linked throughout the history of Brazil. However, contemporary migratory processes raise questions about the health of those who experience immigration, a population that is vulnerable to social determinants of health⁽¹⁾.

In the analysis of migratory processes to Brazil, Haitians stood out due to the volume of displaced individuals seeking better living conditions and the attractiveness of an agreement between Haiti and Brazil, mediated by the United Nations (UN). This agreement has facilitated their integration through registration in the National Register of Individuals (CPF), allowing for inclusion in the labor market⁽²⁾. In 2013, the Haitian population formally employed in Brazil surpassed the Portuguese⁽¹⁾.

The Brazilian Federal Constitution defined health as a right of all and a duty of the State⁽³⁾. Despite this, immigration reveals the country's fragility and unpreparedness in health care for immigrants and the lack of health policies aimed at this public⁽⁴⁾. Thus, immigrants face precarious conditions, financial exploitation, unhealthy housing and hard work with low wages, impacting physical and mental health⁽¹⁾.

Few studies address immigrants' access to health services and there are few that analyze the effects of the migratory process⁽¹⁾. It is possible to understand the occupations of immigrants in Brazil from a capitalist perspective, in which labor surveillance was reduced and labor relations were weakened⁽²⁾. The Haitians' fields of insertion, such as production, are the main sources of occupational diseases. The majority of this public seeks health care only when necessary, with less demand among economically vulnerable groups⁽⁴⁾.

Thus, it is essential to carry out research that makes it possible to understand this group, and which support the development of policies and practices that focus on the vulnerabilities of this segment in Brazil and meet its specific needs, to ensure Haitian immigrants' access to health. This right is also present in the Universal Declaration of Human Rights, where it is defined as a condition for a dignified life and for enjoying other rights⁽⁵⁾. Based on the above, the guiding question arose: what is the concept of health for Haitian immigrants and what are the possibilities to promote health in the face of the vulnerabilities they experience? The objective is to understand the concept of health for Haitian immigrants and to identify their possibilities to promote health in the face of the vulnerabilities they experience.

METHOD

Qualitative study, participatory action research⁽⁶⁾, based on the theoretical assumptions of Paulo Freire's Research Itinerary, composed of three dialectically interconnected phases: thematic investigation; coding and decoding; and

critical unveiling. The qualitative research adopts Freire's methodological framework to reflect the social context of the participants through the praxis of the dialogue promoted by the Culture Circle. This makes it possible to unravel what is hidden and boost the creativity of the participants with new proposals for action on reality⁽⁷⁾.

Thematic investigation is the first phase of the Research Itinerary, which is characterized by the initial dialogue to foster critical thinking in the research participants and mediators. At this point, the generating themes are identified, according to the participants' reality, through the vocabulary universe extracted from everyday life⁽⁸⁾.

The second phase is coding and decoding. In coding, after surveying the theme, the contradictions are identified, and the representations of the situations experienced are revealed. In decoding, the situations experienced by the participants are analyzed as they reflect on their actions and recognize themselves as capable of transforming the world. In critical unveiling, the last phase, awareness of the existential situation occurs, involving the discovering of limits and possibilities of reality in an action-reflection-action process⁽⁸⁾.

Ten Haitian immigrants participated in the study, with the inclusion criteria of being a student in one of the undergraduate courses at a federal university in the south of the country, in the perspective that they already understood the Portuguese language to participate actively in the Culture Circles. As exclusion criteria, Haitian immigrants who did not regularly attend classes.

An invitation to participate in a meeting to discuss the research was sent, via email, to the 92 Haitian immigrant students enrolled at the university. Twenty-six immigrants, undergoing different stages of their studies, attended the meeting, and 10 of them were eligible according to inclusion and exclusion criteria and had schedules that allowed them to participate in the Culture Circles. Thus, they became the study participants and were invited to sign the Informed Consent Form.

The Culture Circles took place over a period of approximately two hours, in a university classroom, in the first semester of 2019. During the research, three Culture Circles were held, with an interval of 10 days between them. In each meeting, all stages of the Research Itinerary were developed. For this purpose, interactive techniques were used in order to promote the participants' dialogue. This article will discuss the reflections regarding the first Culture Circle, in which we sought to discuss the concept of health with Haitian immigrants.

In the thematic investigation stage, a box containing a mirror was offered to a participant. They were invited to open the box and, through their reflection in the mirror, share their thoughts about who they were and the reasons that led them to migrate to Brazil. The box was handed over to another immigrant, and so on, until all the participants introduced

themselves. From this point it was possible to identify the reasons that made immigrants move to Brazil, which reflected in the health of each one of them. Next, everyone was encouraged to write their concept of health on a piece of paper and present it to the large group.

From the dialogue on health, generating themes that represented the participants' life history were investigated. The generating themes, included in each coding and decoding, were organized into files. This organization made it possible to locate all the problems highlighted for the analysis of their contents in the development of the research process.

The themes were coded and decoded through reflections that involved the vulnerabilities that immigrants experienced. The coded and decoded themes, when unveiled by those involved in the meeting, allowed for a new look at health, in a continuous process of action, reflection and action in the face of their life stories and their social role.

The unveiling of the investigated themes was carried out with all participants involved in the research, as provided by Paulo Freire's method⁽⁷⁾. To assist in the analysis, the concepts of health promotion, combined with Freirean theoretical-philosophical assumptions, contributed to the critical unveiling of the themes that emerged in the Culture Circle. The reflections that took place at this stage stand out as essential to the empowerment of Haitian immigrants to improve their quality of life.

With the participants' authorization an audio recorder was used to register the themes, recording the meeting in its entirety. In addition, nursing undergraduate students volunteered to collaborate with the study and took notes intended to improve the quality of these records.

To ensure the anonymity of the study participants, they chose to be named after their favorite Haitian foods. The research started after being approved by Opinion No. 3324430 of the Research Ethics Committee, upon Certificate of Ethical Presentation: 11511419.1.0000.5564, on May 14, 2019.

RESULTS AND DISCUSSION

The Haitian immigrants who participated in the study were aged between 21 and 25 years old, two were female and eight were male. Participants had been living in the municipality of Chapecó-SC between five months to six years at the time of study. All participants migrated to Brazil in search of a better life and an opportunity to study, and all of them were students pursuing an undergraduate degree, one in Nursing, two in Pedagogy, two in Environmental Engineering, one in Geography, two in Mathematics and two in Language Studies.

From the dialogue on health, three themes were investigated: the concept of health, vulnerabilities and

possibilities to promote health. Thus, for the presentation of these discussions, which were raised and elaborated by the participants in the Culture Circle, the data was organized into two categories: "In the end, what is the concept of health for Haitian immigrants?" and "Reflections on health, vulnerabilities and possibilities to promote health".

In the end, what is the concept of health for Haitian immigrants?

To conceptualize any term, it is necessary to understand the phenomenon in its concreteness, synthesizing multiple determinations⁽⁹⁾. In this study, it was sought to conceptualize the term health. Individual perceptions about health can provide important material to describe living conditions, giving subjects a voice⁽¹⁰⁾. For some participants, health is understood as the absence of disease:

Health is the absence of disease (Akamil).

It's you not having any diseases (Lambi).

This concept brings up Christopher Boorse's definition of health as the absence of disease. Based on this concept, the classification of human beings as healthy or sick became only related to the efficiency of biological functions. The concept of health, for a long period, was centered on the biomedical model, with fragmented studies of the human body, without fully targeting the individual⁽¹¹⁾.

The World Health Organization (WHO) defined health not only as the absence of disease, but as complete physical, psychological and social well-being, trying to overcome the biomedical conception⁽¹²⁾. Some Haitians also referred to health as well-being:

Health is well-being (Grivo).

Health is physical, mental and social well-being (Ble).

The WHO definition of health is not consensual and, even though this concept has been discussed in recent years, it has not yet been fully clarified⁽¹³⁾. Although it entails an alternative to the biomedical definition of absence of disease, it still needs to expand the construction of the meaning of well-being in its historical-social character, related to physical, psychological and social perspectives as part of life in the face of different class status within society. The WHO definition of health has been criticized almost since its very inception, but it is still hegemonic, both in common sense and in collective health⁽¹⁰⁾.

Over time, new definitions of health were constructed, looking for alternatives to the biomedical conception and to the WHO definition. In Brazil, paradigmatic changes in

health were fundamental to the occurrence of the Health Reform, defining an expanded concept of health in the 1988 Constitution. This concept considers determinants and conditions such as food, housing, environment, basic sanitation, income, job, transportation, education and leisure⁽¹⁴⁾. Some participants correlated health with family, happiness, spirituality, job and food:

Health is having a family (Macós).

Health is being happy (Pitimi).

Health is having good spirituality (Bonyon).

Health is having something to eat, it's having a job (Tassot).

The family was mentioned as an element that promotes health, being responsible to develop the personality of each individual, in an environment of harmony and understanding, interfering in the health of its members. Accordingly, happiness can be considered a way to promote health, since subjective well-being linked to happiness serves as an experience in which the individual's degree of satisfaction with life is perceived, having experiences that may positively influence health⁽¹⁵⁾. The protection symbolized by the family, which provides support and unity, is a characteristic valued by Haitians and very much remembered at the present moment of family distance, as it contemplates individual needs and is one of the paths to the feeling of happiness and well-being.

Spirituality influences how experiences are faced and can lead to authentic happiness and provide self-confidence, firmness, acceptance and adaptation, contributing to whole health⁽¹⁶⁾. There are several ways to develop spirituality, but in the case of immigrants, it becomes a possibility to connect with what they believe in, to feel safe in the face of their unstable situations and conditions, in addition to being a source of social bonding, because they feel part of a collective.

There was still a relationship with the opportunity to eat and work, but, observing the expanded concept of health, these are elements that make up the way of life in society. However, what health is, is not explained. When defining health, peoples' way of life is consequently conditioned, organizing their lifestyles, and there is a proportional relationship, since the healthier one is, the greater their quality of life, which is the desire not only of immigrants. Thus, what is considered healthy tends to control lifestyles, turning the term health into a driver of social behavior patterns⁽¹⁷⁾.

Some concepts raised by Haitians, albeit mildly, are based on the expanded concept of health, although the concept of absence of disease still persists. However, what interferes in the health of immigrants demands attention from professionals so that they can provide comprehensive and equitable assistance

to this public, which so lacks information and policies that promote their healthy living.

Reflections on health, vulnerabilities and possibilities to promote health

The WHO concept of health proposes an unreal meaning, in which human and environmental limitations would make the condition of "complete well-being", which is practically impossible to achieve⁽¹⁸⁾. With the action-reflection-action in the Culture Circles, the participants revisited their concepts of health, interconnecting with historical concepts through the praxis of dialogue. However, the question that it might be unattainable to achieve "perfect well-being", regardless of whether they are immigrants, arose:

We will never be healthy because it is not possible to always have perfect well-being (Akamil).

It is difficult for us to achieve perfect well-being. Difficult for everyone, not only for immigrants (Fritay).

When addressing social vulnerabilities, they reported low income, scarce work opportunities, homesickness, linguistic difficulties, lack of leisure, lack of healthy food and lack of time for physical exercises as a student and worker:

Here we have few job opportunities (Lambi).

I miss my family a lot and it makes me sad (Grivo).

It's difficult arriving in Brazil and not being able to communicate properly (Lalo).

We don't have time for leisure because we need to work and study. Our diet is not good (Lambi).

I don't have time to exercise because I have to work and study (Ble).

Vulnerability consists of a reciprocal interdependence that limits the relational capacities of affirmation in the world, which can generate fragility⁽¹⁹⁾. Haitian immigrants are susceptible to vulnerabilities that interfere in the health-disease process, such as unemployment, low pay, lack of ties, linguistic and adaptive difficulties, precarious housing, work, food, distance from family and friends and little understanding about the health system, which can result in physical and mental illness⁽⁴⁾.

Brazilian and European studies indicate that Haitian women seek the Unified Health System (SUS) more than men, mainly due to gestational care. It is noteworthy that the service still leaves much to be desired regarding the

promotion and prevention of men's health, and that primary care is the most frequented by immigrants, considering the important role of the community health agent, who has contact with this population in the country⁽⁴⁾. This makes clear the importance of knowing the individual needs of each user and creating a link between the health system and the community to improve the assistance and quality of life of the assisted population, paying attention to situations of greater vulnerability.

Vulnerability, from a social perspective, involves a critical perception of the scenarios in which the population faces situations of oppression and struggle for freedom and autonomy, as in the case of Haitian immigrants. Thus, it establishes a relationship with Paulo Freire's problematizing education. Although vulnerability is not a concept specially worked on by Freire, there is a relationship between vulnerability and health, with their theoretical elements, such as autonomy, awareness and empowerment⁽²⁰⁾, which could be constructed and shared in the dialogues of the Culture Circle. Haitian immigrants highlighted that there are Brazilians in situations of social vulnerability like them, showing that health needs to be universal:

Brazilians also have these difficulties. So, health has to be for everyone, for us and for Brazilians. But we need to know our rights (Lambi).

With the creation of SUS, access to health in Brazil became universal as a citizen's right, including Haitian immigrants residing in Brazil. Thus, the concept of health started to be understood in a more complex manner, considering the principles of universality, integrality and equity⁽²¹⁾.

From then on, the participants reflected on possibilities to promote their health and achieve better living conditions, involving the following actions:

I need to improve my diet (Bonyon).

I need to exercise, that will be my goal moving forward. I'm leaving the meeting more committed to taking care of myself (Ble).

I have to improve my Portuguese to better adapt myself here. I will dedicate myself more! (Fritay).

I will organize my study and work schedules to be able to have leisure time. I am aware of this now (Tassot).

I want to know more about my rights and fight for better health conditions. With our dialogues here, I will leave transformed, different, more excited to fight for my rights (Macós).

Health promotion, as defined in the Ottawa Charter, is the process in which health control and improvement is encouraged⁽²²⁾, involving actions on the social determinants of health. When both are articulated and in conjunction with public policies, they can reduce inequities and achieve social equity⁽²³⁾. The definition of health promotion promotes two reflections: one with emphasis on medical technology and transformation of individual behavior; and another in an emancipatory perspective, in order to value individual autonomy and transform reality⁽²⁴⁾, which was intensely sought in moments of reflection.

Health promotion goes beyond the transmission of information and seeks to encourage and facilitate actions to expand people's participation in the control of the health-disease process. This occurs by acting on conditioning factors that can alter health and quality of life⁽²⁵⁾, especially in vulnerable situations.

After the dialogue on the concept of health, it is evident that the sum of changes and adaptations, such as language, culture, lack of leisure and income, interferes in the health of Haitian immigrants, who recognize their state of individual vulnerability and list changes in their daily lives to promote health. Given the above, it is up to Nursing, a unique profession in health promotion, working cooperatively with other professionals in the area, to pay attention to the situation of Haitian immigrants with the challenge of seeking improvements in the quality of care and consolidation of SUS principles.

CONCLUSION

When discussing the concept of health with Haitian immigrants, it became evident that there is no exact concept for the term, as there are several variations interconnected with historical concepts and with the social, economic, political and cultural conjuncture. This concept, for Haitian immigrants, is heterogeneous, being, for some, classified as the absence of diseases and, for others, as complete physical, mental and social well-being. Moreover, for another group it involves happiness, family presence, spirituality, and access to food and work.

As experienced vulnerabilities, Haitians highlighted low income, homesickness, language difficulties, and lack of leisure and healthy eating. They also mentioned lack of time to practice physical exercises, caused by being working students, and lack of better job opportunities. However, it was highlighted that Brazilians face similar vulnerabilities, such as access to healthy food, lack of leisure and physical exercise, although immigrants have fewer opportunities than the natives, mainly for linguistic reasons, resulting in the sum of weaknesses. Therefore, they need greater support from nurses and other health professionals in comprehensive, equitable care and implementation of public health policies.

Even in the face of these vulnerabilities, the moments of discussion gave rise to opportunities to reflect on possibilities of promoting health. Immigrants showed an intense desire to make changes in favor of quality of life, such as maintaining a healthy diet and practicing physical exercises, even in the face of tasks; improve their Portuguese for better adaptation in Brazil; organize their time between study and work to allow moments of leisure; and seek to know their rights as citizens.

Haitian immigrants reflected on their context, looking for strategies to promote health, emancipating and empowering each other. The use of Paulo Freire's Research Itinerary enabled the process of action-reflection and action among those involved in the Culture Circle. The possibility of intervening and transforming the participants' reality contributes to their empowerment, as well as to the knowledge of their experiences by managers and health professionals, so that they can achieve policies and strengthen the practice of health care for immigrants.

As a study limitation, it should be pointed out the scarce time available, in this Culture Circle, to talk about the immigrants' suggestions for the improvement of health care given by nurses and other health professionals. This remains an opportunity for future research.

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