

SELF-ATTENTION IN RURAL HEALTH: PERSPECTIVES OF CARE BY FEMALE FARMERS¹

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ABSTRACT

Objective: To know the practices of self-care in health of a group of rural women in the southern region of Rio Grande do Sul. **Method:** exploratory qualitative research based on interpretive anthropology and self-care referential. The study participants were seven women from four families living in the rural area of Pelotas, selected through participation in a group of women, which occurs in the community, the data were collected between May and July of 2013, in seven meetings held on-site, using the recorded semi-structured interview, participant observation as the data collection method. **Results:** qualitative analysis emerged units of meaning that expressed self-care practices manifested in: family action; food; religious practices; participation in social groups and use of medicinal plants. **Conclusion:** This study allowed us to understand the practices of self-care that are part of the care in the studied reality, pointing out the need of nurses to look at this context, considering several aspects, existing relationships of affection and mutual care, type of food and production family, the importance of sharing food and the influence of religious practice.

Keywords: Primary health care. Culture. Nursing. Rural health. Rural Nursing. Medicinal Plants.

INTRODUCTION

Caring for rural families requires appropriating interdisciplinary references, supported not only by the technical-scientific knowledge of the biomedical model, but also associated with the cultural, social and economic perspective. It is considered important in nursing to approach the popular care of health care in rural communities, emphasizing peculiarities of care in the territory that is in agreement with the understanding of self-care. In this perspective, it is sought to recognize that communities have a dynamic culture composed of accumulated values and experiences in the construction of the health-disease process. These practices of care may be in dialogue with health professionals, and thus encourage the community to become active in health promotion, in the perspective of integrality, valuing the autonomy of individuals.

In this study delimited to the rural space and to the reference of self-attention⁽¹⁻²⁾, the importance of understanding the person-centered

care system is reinforced as an active subject, which triggers a variety of actions simultaneously and sequentially linked to health, disease and prevention. It includes all cultural practices, which help to ensure the bio-social reproduction of the subjects and the group, linked to socio-cultural processes, such as: the use of bodily and environmental resources, rites, beliefs, marriage rules, kinship and other sociability practices.

Care is characterized by practices intentionally employed in the process of health, illness, care, seeking diagnosis, follow-up, treatment, cure and prevention⁽¹⁻²⁾. In this sense, self-attention can be defined as the practices that comprise the representations and praxis developed daily by the population to diagnose, explain, attend, control, alleviate, cure, solve or prevent processes that affect their health in real or imaginary terms, with or without the intervention of the professionals of the official health system⁽¹⁻³⁾.

It is understood that people belonging to the

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rural environment have health care based on experiences and practices of self-care, and that the different forms of care that exist in this society have to do with religious, ethnic, economic/political conditions, technical and scientific, that gave rise to the development of differentiated forms between biomedicine and other forms of attention⁽⁴⁾.

In Brazilian literature there are few articles on the subject of self-attention, especially with emphasis on the rural. The publications in Spanish and Portuguese are the main author of the topic of self-awareness^(1,4). In Brazil, there are some studies that discuss the attention practice of rural⁽⁵⁻⁸⁾ and urban population⁽⁹⁾. As a result of this, it becomes relevant the discussion from the perspective of nursing, and the approach with the theme of care and the practices of self-care.

In view of the above, the following question is proposed: what are the self-care practices carried out by a group of rural women from the southern region of Rio Grande do Sul?

METHODOLOGY

It is a qualitative study⁽¹⁰⁾, exploratory, guided by the interpretative anthropological theoretical reference⁽¹¹⁾ of self-care in health care⁽¹⁾. The study site was the rural area of the municipality of Pelotas, which is located in the southern region of Rio Grande do Sul. Seven women belonging to four families of farmers who lived in this locality participated in the study, all members of a group of 15 women, which occurs in the community since the 1980s. The participants were identified by the letters "F" of the family followed by the order of interview, in order to guarantee their anonymity.

The first contact with the participants took place at the Regional Association of Agroecologists in the Southern Region (Arpasul), followed by three participant observations in the group meetings held monthly in the locality. During this period, the seven interviewees were selected, using the "Snowball sampling" methodology⁽¹²⁾, starting the interviews by the group coordinator, and then each participant indicated another one, until a silence was established. Semi-structured interviews⁽¹⁴⁾ were recorded, which were

scheduled the day before in a telephone call, in which the time and date were confirmed.

Participant observation followed the Look-Listen-Write⁽¹³⁾ method, that is, everything was observed around, the reports were carefully listened; the data was recorded, without interrupting the dialogues. The inquiries were made after the end of the discussions and activities conducted on their initiative. At the end of the day, away from the participants, the information was written in field diary. At that moment the participant commented on the environment of natural occurrence, the cultivation, its knowledge about the plant and the therapeutic purpose.

Four meetings were held, one in each household, in which participants answered general questions and recognition of the context of each participant, their care and self-care trajectory, questions about the medicinal plants used and about the health system. After a trail of recognition of medicinal plants in their natural environment (in the courtyard of each family member of this study) was performed, at which time all seven women volunteered to accompany and dialogue. The average duration of each observation was three hours, including interview, group and photographic records of the medicinal plants used in the care practices, in the daily experience of that family.

The data were collected between May and July of the year of 2013 and analyzed according to Minayo⁽¹⁰⁾, after the transcription and organization the reading and cross-processing of the units were started: family, food, religion and group, which were the first classification of the data.

Then the data of each unit were read in order to understand the relevant structures presented, which gave rise to the following thematic categories: Family action; Food; Religious practices; Participation in social groups and medicinal plants.

The research complied with the norms and ethical precepts, following the determination of Resolution 466, of 2012, received approval from the Ethics Committee of the Faculty of Nursing of the Federal University of Pelotas (UFPel), protocol 096/2012.

RESULTS AND DISCUSSION

The results of the research will be presented in five topics considering their best understanding, being: Family action: the union for the care; Food: prevention and sharing; Religious practices: the promotion of well-being; Participation in social groups: social and collective interaction; Medicinal plants: first aid at home. These sense nuclei have a direct interface with the sociocultural context of the study families residing in the rural space that we present below.

Sociocultural context of families of the study

The first contact with the participants of the study was from the Women's Hope Group, indicated through the Fair of the Regional Association of Agro-ecological Producers of the Southern Region (Arpasul). This group was formed in 1988, after its members participated in a training activity that dealt with the care with medicinal plants, developed by religious of the Catholic Church of Pelotas.

According to the coordinator of the group, the mobilization began with visits, among some women, who later found themselves in a room attached to the dependencies of the Catholic Church. They decided to unite in favor of the struggle for the social rights of the female class, among them, the right of retirement to rural women. They began to participate in movements, such as the Peasant Women's Movement (PWM). And then the group was established, that until the accomplishment of the study maintained a management of monthly meetings.

The themes of interest were changing, as we approached the group, there were 15 women who gathered for handicraft activities, making ointments, tinctures of herbs, soaps, knitting, crocheting, disinfectants, talking about health and doing physical exercises, in their discourse "important space for health education" and sociability.

The research location distance is approximately 50 kilometers from the headquarters of the municipality of Pelotas. At the place, the residences are about 1 km away from each other, mostly masonry, have patio with fruit trees such as orange trees, tangerine

trees and peach trees, vegetable gardens and pets that are raised loose in the courtyard.

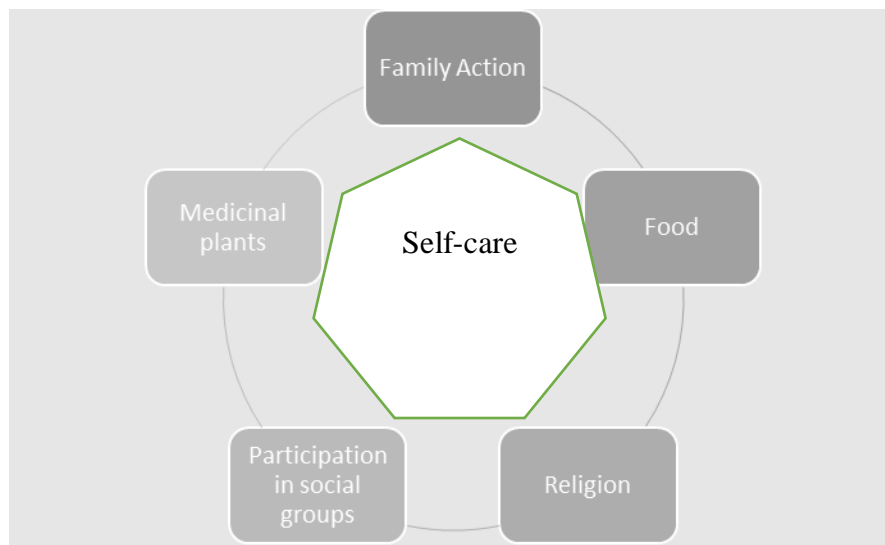
Household income comes mainly from the production of peaches, marketed to local companies. Another source of income, identified, is the growing number of retirees. Other products such as corn, beans, potatoes and also animals such as cows, pigs and chickens, are only for family consumption, characterizing subsistence production. The gardens include vegetables, ornamental plants and medicinal plants and are located near houses.

It was verified that there is a synchrony between the agricultural production and the seasons of the year, and during the data collection the productive activity was concentrated in the pruning of the peach trees and apicultural management; concomitantly the farmers were involved in their properties with the care of the family, home and animals.

The descendants of the participants are characteristic of the southern region of Rio Grande do Sul ⁽¹⁵⁾, mainly Germans, Italians, Spaniards and Portuguese. The age ranged from 21 to 78 years-old, with four of the women aged 50-60 years-old. The older women, although responsible for multiple works such as house, garden and animal care, were very attentive and alert, with careful care of their bodies. As for religion, three families are Catholic and one of them Protestant. All family members have practiced their religion, which has been very present in all moments experienced.

Being aware of the practices of self-care in the context of rural families implied in approaching their values and symbols, being perceived in the peculiarities of their daily life process. The data revealed as part of this system of self-care: *family action, food, religious practices, participation in social groups and medicinal plants*, as shown in figure 1. In addition, biomedicine care also appears as the last option to be followed in cases of more serious illnesses and symptoms. And self-medication, which is part of self-care in the form of industrialized allopathic medicines, was observed in only one of the families visited, in which the farmer mentioned using "pharmacy pills" when she feels some headache or pain in her body.

Figure 1. Self-care practices in the context of rural families. Pelotas, RS, 2017.



This network of care is not static, it changes and adapts according to the resources available⁽¹⁾. Each of them will be discussed later.

Family action: the union for the care

The families of the study have a predominant nuclear composition, consisting of father, mother, children and grandparents. As noted, the youngest member of all participating families was 21 years-old. Family 1 (F1) consisted of father, mother, daughter and maternal grandmother, with strong ties of affection and reciprocal care. The family 3 (F3) had as its members the father, the mother and the youngest son (23 years-old), and the other two daughters, already married, resided in the city. The family 4 (F4) consisted of husband and wife, with one of the daughters residing in the city and two other children in the colony, near the parents.

We found a family (F2) consisting only of the study participant and the ex-father-in-law, who lives in the same area, which shows that the modern rural environment accepts new family compositions. According to the study ⁽¹⁶⁾, the hierarchical family model still persists, concomitantly with a transformation situation.

In the perspective of health care, the family was highlighted in this study as the main care bond, which initiates the movement as

specificity of attention, while allowing the sharing of actions to overcome the disease. Thus, all members of the family mobilize and support each other.

If someone is sick, everyone is supporting that. So, here we are! (F1).

Ah, that's the way it is, one looks after the other, if I'm really bad it's my husband who will take care of me or my daughter who lives near, we ask for help to help the other. As soon as she needs it, I'll help her. It is like this, even in the family, like the grandmother E. (a neighbor who has blood ties of ancestry to family 1) lives close by, as I told you that she is my second mother, right? (F4).

With regard to self-care, family action is constituted as a system of care, of this context, which is not related to consanguinity alone, but to the social identity belonging to that place. Another fact observed is that the care taken by the families is also strengthened by the social network, with the participation of neighbors, friends and the community.

The family care action facilitates the integration and dynamics of the entire health care system and the maintenance of the individuals and the social group, constituting the main form of self-care evidenced. In this process, following the logic of self-awareness, it is realized that the woman has a unique sentinel role. It plays a role in the narrow sense, such as

diagnosis, the distinction between what is serious or not, surveillance and, in some cases, the evolution of the disease, giving an opinion on the best treatment to be used for family members⁽¹⁾.

Food: prevention and sharing

Feeding is a practice of care emphasized by all interviewees of the study. It is undeniable to affirm that through the testimonies, health care and disease prevention starts from food.

It's us, I think, that we already take care of the food as it should be, on the vegetable garden [...] I always take good care of myself, I like to take good care of the garden, and I do not eat fat, I make the food more correctly. (F2).

In the verbalization of the interviewees, one of the main ways of caring for food is through the cultivation of food. They understand that the action of natural crops, without the use of pesticides, contributes to food care. And in contrast they verbalize that the pesticide is "poison".

I think we take care of this, mainly if we do not eat these poisoned things, these things with poison. (F1).

Look, I always take great care and I even recommend where you get what you eat, right? ...This agrochemical stuff. So I really like that we plant potatoes at home, I say, I know that there is no poison [...]. This is important. Very important! (F4)

In this way, in the community surveyed, families produce the main foods avoiding pesticides, growing selected plants in the garden, preparing meals with care and hygiene, teaching the youngest people to eat natural foods, and then sharing them among the members family, groups or in festivities. All this process of production and care of food and the non-use of pesticides is part of the broader perspective of self-care and deserves to be highlighted at the moment when healthy food is one of the pillars of health promotion. In this sense, the food behavior goes beyond consuming the food because it is composed of productive aspects, selection, separation, reaching even the most symbolic aspects of food⁽¹⁷⁾.

In the symbolic understanding, food is not

understood not only for its caloric value, nutritional value, acquiring other values as strengthening of the bonds between the families, creating a cultural unit that is perpetuated in the rural space. It is observed that the women farmers talked about the beans that are classified as a strong food, and so should be part of the diet during the week in the days of intense work. The soup, however, was suitable for resting food situations, but was also served as a starter for Sunday lunch, and the meat content varied according to whether it was classified as strong or weak. An example was the chicken soup that was important in the care to recover from colds, flu, due to climate change and cold weather in winter, during which time we collected the data.

In this sense, cultivating, working, producing and eating are individual and collective human actions that constitute a system of gifts, of material and symbolic exchanges that generate reciprocity, which materializes social integration among families⁽¹⁸⁾.

As observed, it is characterized as an important practice of health care also through socialization and sharing of food, considering that this sharing of food in community festivities and socialization meetings represents a practice of self-care popularly accepted by social groups⁽¹⁾.

Religious practices: the promotion of well-being

Religious practices were observed as an important action of women farmers who repeatedly referred to practices related to church activities and religion. In addition to attending Mass, worship services, gatherings and religious festivities, women farmers organize weekly meetings for Bible studies and groups of rosary and prayer. The group rosary, for example, took place every Monday, in alternating houses, where the women, their husbands and children gathered to pray the rosary.

These practices were also present in all meetings of the group and in the moments of data collection in the residences. They came with the sharing of food, which is a form of communion and care. This ritual happened when they gathered in the kitchens, around the table, with disposition of diverse products and

realization of the thanks in the form of prayer for the food. It can be observed that in the visits there was solidarity between the participants in the meetings related to the organization of the afternoon coffee, in which each of the women brought a food to share, and this made the meeting a form of union, also sharing.

A Catholic practicing, right? Yes, we were born and raised in religion. (F3).

[...] We took some bent branches in the church so they ask us to bless our house. I like to take those green little branches and holy water, and I already heard the eternal father there. I sometimes bless the house, I bless the photos of my children to God protects them; it means that I believe in my blessings. (F2).

In the speech of this same farmer it is possible to realize the importance of psychological well-being for health, this refers that it takes peace, friends, and the church to live well, as we see below.

Oh I think we have to, one of the things we have to live well. How am I going to say it?! The person needs to have peace, to have tranquility, to have his church, to have his friends; this is something that is also part of health, right? (F2).

This religiosity can be understood as a practice of family self-care at the moment it produces social, psychological, affective and emotional well-being, considering health in the social perspective. Farmers in this study have various church and religious activities and consider it an essential part of their lives.

A study⁽¹⁹⁾ demonstrated the influence of religiosity on the management of stress situations, identifying the importance of religiosity as a resource for regulating emotion and other health problems. In this context, religious practice is considered an important practice of self-care, which can serve as a way to prevent health problems. This occurs because religiosity is conceived as an integral part of problem solving and not only as a strategy to protect oneself from the evil to come⁽⁹⁾.

Participation in social groups: social and collective interaction

Another form of care is shown from the social link of the members of the research with

the community. All interviewees participate in groups, in addition to religious groups, the link observed in the group called "Hope" is important. In addition, it is observed that they mobilize to learn activities different from the daily tasks, which from there integrate with the daily activities in the family. The purpose of these group activities is diverse: income generation, family economy (crafts, soap making, disinfectants and herbal products), spiritual strengthening, knowledge exchange, self-care and other members of the community.

It's that! We help in groups, help in the community in general. There is the group of couples, and the prayer group. (F3).

This strengthening of social relations permeates the practices of the women farmers interviewed, these group activities are important ways of transmitting knowledge and practice regarding health care and welfare promotion. We realize by participating in the group that each farmer has the opportunity to exchange experiences, to express thoughts, opinion or point of view. For some authors, groups are seen as a form of liberation of the human being, who alone is alienated, and can create plans of action to modify aspects of shared reality that affect health, becoming subjects of own lives, contributing to the participants can express their needs, doubts, expectations, longings and living conditions⁽²⁰⁾.

It is precisely in this context that the group activities in the community studied are developed, so that the group of women, in particular, aims to transform the social reality lived by its participants, as an important practice of self-attention, in the perspective of social interaction, the farmers as a group has a recognition and help in the community organizing parties, share knowledge about notions of agroecology. Self-attention in women's social participation is observed in reports of satisfaction with the experiences of visiting the restaurant to eat pizza, the municipality of São Lourenço, the bathing in Laguna dos Patos, the Sweets Festival, all opportunities discussed and planned from the funds raised in the group, reverting to friendship, solidarity and well-being, contributing to a more integral care.

As a result, the group has been working with

these farmers on health education issues, the use of medicinal plants and the sharing of knowledge on diverse topics, as an example of the benefits that self-help groups⁽¹⁾ make to self-serving practices in populations rural areas.

Medicinal plants: first aid at home

Care practices with the use of medicinal plants were very present in all families visited. In this way, when health care requires the cure of a particular symptom or health problem, the plants are used as the first treatment option and are also considered by the families as "first aid at home".

We take care of each other, and the tea is always the first aid, right? We say, if we do not remember, there is a little book, there are things, notes... what tea is good, to see what tea to use, right?! (F4).

[...] So we look... if I'm feeling bad, I'm going to make some tea first. We look for the first aid at home, right?! (F2).

The first step is tea! It is almost always. (F1).

The plants present in each residence are shared among the families of the community, in a relationship of care and exchanges. Among the 91 medicinal plants mentioned, the main ones used by all families are: Fennel (*Foeniculum vulgare* Mill.); the Mallow (*Malva parviflora* L.); Melissa (*Melissa officinalis* L.); Beggarticks (*Bidens alba* L.); and finally, the Plantain (*Plantago major* L.).

The use of medicinal plants appears as the main practice used in self-care, in its narrow sense, in the form of care and cure to the diseases. It also manifested in the sharing of the produced preparations and seedlings of plants among the families of the community. This use is also evident in other studies conducted in the South of Brazil⁽²¹⁻²²⁾ and in others in the national⁽⁴⁾ and international⁽²³⁻²⁴⁾ territory in which people use this therapy as the main form of health care.

FINAL THOUGHTS

This work allowed to understand the practices of self-care that are part of the care in the reality studied, pointing out the need of the

nurses to look at this context, considering several aspects, the relationships of mutual affection and mutual care, the type of food, the family agro-ecological production, the importance of sharing food and the influence of religious practice. Self-care practices are important in the rural health care system, perceived in more individualized care in cases of diseases, health promotion and the use of natural therapies such as medicinal plants.

Advancing in the comprehensive approach of the different health perspectives, through actions that make possible inter-sectoral actions, that contemplate the reality of the different territories and that allow professionals to work with the perspective of self-care and integral health care, is one of the challenges of the health area. This movement is often limited due to the attachment to the biomedical model with an exclusive focus of care.

The results presented demonstrate that the practice of nursing as a care science in rural communities faces challenges, since in addition to practical care and linked to scientific knowledge, these should also have an understanding of their singularities and life context, which permeate the ecological, social, spiritual, food and family environment, and the recognition of the practices of self-care and health care.

The characteristics of each community deserve to be taken into consideration in the formulation of programs and policies that will serve this population. Understanding the context of care is almost the pluralism of care. Rural individuals in the contemporary world seek different means to maintain and to attend their health, building a network of care that transcends the biomedical perspective, and can be observed in the actions that investigate the reality based on the sociocultural perspective.

As limits of the study, we pointed out the lack of ethnography, which was necessary for a deeper understanding of the practices of self-care, and the need for an observation to include the male perspective to complement the family care experiences.

Researches that seek to understand the way of living and caring for families in rural areas is still incipient. Thus, we suggest the importance of more studies to know the practices of self-

care and care in different contexts of rural life.

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AUTOATENÇÃO EM SAÚDE RURAL: PERSPECTIVAS DE CUIDADO POR MULHERES AGRICULTORAS

RESUMO

Objetivo: Conhecer as práticas de autoatenção em saúde de um grupo de mulheres rurais da região Sul do Rio Grande do Sul. **Método:** Pesquisa de abordagem qualitativa exploratória que se fundamentou na antropologia interpretativa e no referencial de autoatenção. Os participantes do estudo foram sete mulheres, de quatro famílias, que residiam na zona rural de Pelotas. Foram selecionadas por meio da participação em um grupo de mulheres que ocorre na comunidade, os dados foram coletados entre maio e julho de 2013, em sete encontros realizados no local, utilizando-se como método de coleta de dados a entrevista semiestruturada gravada e observação participante. **Resultados:** Na análise qualitativa emergiram unidades de sentido que expressaram práticas de autoatenção manifestadas em: ação familiar; alimentação; práticas religiosas; participação em grupos sociais e utilização de plantas medicinais. **Considerações finais:** Este trabalho permitiu compreender as práticas de autoatenção que fazem parte do cuidado na realidade estudada, apontando a necessidade dos enfermeiros olharem para este contexto considerando diversos aspectos, as relações de afeto e cuidado mútuo existentes, o tipo de alimentação e a produção familiar agroecológica, a importância da partilha do alimento e a influência da prática religiosa.

Palavras-chave: Atenção Primária à Saúde. Cultura. Enfermagem. Saúde da População Rural. Enfermagem Rural. Plantas Medicinais.

AUTOATENCIÓN EN SALUD RURAL: PERSPECTIVAS DE CUIDADO POR MUJERES AGRICULTORAS

RESUMEN

Objetivo: Conhecer as práticas de autoatenção em saúde de um grupo de mulheres rurais da região Sul do Rio Grande do Sul. **Método:** Pesquisa de abordagem qualitativa exploratória que se fundamentou na antropologia interpretativa e no referencial de autoatenção. Os participantes do estudo foram sete mulheres, de quatro famílias, que residiam na zona rural de Pelotas. Foram selecionadas por meio da participação em um grupo de mulheres que ocorre na comunidade, os dados foram coletados entre maio e julho de 2013, em sete encontros realizados no local, utilizando-se como método de coleta de dados a entrevista semiestruturada gravada, observação participante. **Resultados:** Na análise qualitativa emergiram unidades de sentido que expressaram práticas de autoatenção manifestadas em: ação familiar; alimentação; práticas religiosas; participação em grupos sociais e utilização de plantas medicinais. **Considerações finais:** Este trabalho permitiu compreender as práticas de autoatenção que fazem parte do cuidado na realidade estudada, apontando a necessidade dos enfermeiros olharem para este contexto considerando diversos aspectos, as relações de afeto e cuidado mútuo existentes, o tipo de alimentação e a produção familiar agroecológica, a importância da partilha do alimento e a influência da prática religiosa.

Palabras clave: Atención Primaria de Salud. Cultura. Enfermería. Salud Rural. Enfermería Rural. Plantas Medicinales.

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