

HEALTH AND SELF-CARE AMONG GARBAGE COLLECTORS: WORK EXPERIENCES IN A RECYCLABLE GARBAGE COOPERATIVE

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Study performed with garbage pickers who organized a cooperative to sort recyclable garbage in Porto Alegre, Brazil, in a shed loaned by the city administration. This activity, which has attracted an increasing number of people excluded from the formal job market, presents peculiar health risks and patterns of disease. The study aimed to learn about the participants' concepts and self-care actions, proposing discussions and jointly reflection on their problems. It focuses on the working environment and on attitudes towards health risks. Through the focal group technique with ten female subjects, the expression of capacity of situational analysis of those involved was privileged, giving rise to three main themes. Each theme discussed was followed by the construction of a plan of action in order to meet compatibly the more pressing needs according to the operational feasibility of the solutions proposed.

DESCRIPTORS: poverty; health public policy; community networks; social conditions; community health nursing; self care; focus groups

SALUD Y AUTOCUIDADO ENTRE MINADORES DE BASURA: VIVENCIAS EN EL TRABAJO EN UNA COOPERATIVA DE BASURA RECICLABLE

Estudio realizado con minadores de basura que organizaron una cooperativa de separación de basura reciclable en un galpón de la municipalidad de Porto Alegre, RS. Esta actividad, que ha atraído un número creciente de excluidos del mercado formal de trabajo, presenta riesgos a la salud y estándares peculiares de enfermedad. La finalidad fue conocer las concepciones y acciones de autocuidado de las participantes, todas mujeres, proponiendo discusiones y reflexiones conjuntas sobre la problemática vivida por ellas. El foco miró el ambiente de trabajo y las actitudes relacionados a los riesgos a la salud. La técnica de grupos focales con diez sujetos permitió privilegiar la expresión de su capacidad de análisis situacional, originando tres ejes temáticos. A cada tema discutido se siguió la construcción de un plan de acción de manera a compatibilizar la atención a las necesidades más demandadas con la viabilidad operacional de los encaminamientos propuestos.

DESCRIPTORES: pobreza; políticas públicas de salud; redes comunitarias; condiciones sociales; enfermería en salud comunitaria; autocuidado; grupos focales

SAÚDE E AUTOCUIDADO ENTRE CATADORES DE LIXO: VIVÊNCIAS NO TRABALHO EM UMA COOPERATIVA DE LIXO RECICLÁVEL

Estudo realizado com catadores de lixo que organizaram uma cooperativa de triagem de lixo reciclável, em Porto Alegre, RS, num galpão cedido pela prefeitura. Essa atividade, que tem atraído número crescente de excluídos do mercado formal de trabalho, apresenta riscos à saúde e padrões de adoecimento peculiares. O estudo objetivou conhecer as concepções e ações de autocuidado das participantes do estudo, todas mulheres, propondo discussões e reflexões conjuntas acerca da problemática por elas vivenciada. O foco foi direcionado ao ambiente de trabalho e às atitudes com relação aos riscos à saúde. Por meio da técnica de grupo focal com dez sujeitos, privilegiou-se a expressão da capacidade de análise situacional das pessoas envolvidas, dando origem a três eixos temáticos. A cada tema discutido seguiu-se a construção de um plano de ação, porém, de forma a compatibilizar o atendimento de necessidades mais prementes com a viabilidade operacional dos encaminhamentos propostos.

DESCRIPTORES: pobreza; políticas públicas de saúde; redes comunitárias; condições sociais; enfermagem em saúde comunitária; autocuidado; grupos focais

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INTRODUCTION

The increase in garbage, a product of the modern society's frantic consumption, is inversely proportional to existing resources and devices available to treat, store or eliminate it. Today, this is a primary environmental and economic problem, which invariably also affects sanitary control. In some regions, garbage is an important variable to establish health diagnoses for some communities, mainly in the urban context, as it can seriously jeopardize the healthiness of environments that join big human agglomerations with a lack of basic sanitation.

Garbage-related problems have mobilized a wide range of knowledge areas to develop technologies and propose alternatives for their minimization. The most disseminated, studied and stimulated alternative nowadays is recycling. The possibility of exhausting raw materials and contaminating natural resources are the most imminent ecological premises that justify the need to recycle garbage, as this measure "consists in submitting products that exist in garbage to transformation processes, so as to generate a new product"⁽¹⁾. In order to permit and stimulate recycling, large cities like Porto Alegre do selective waste collection, making the material available to recyclers at separation units that constitute different associations⁽²⁾.

Hence, besides the important ecological aspect, economic and social aspects should also be taken into account. Together, these three aspects justify the promotion of garbage recycling. However, this new work mode entails health risks and peculiar illness patterns. The former derive from contact with the garbage. Due to the "diversity of transmission routes and especially to the action of - biological and mechanical - vectors, the range of influence and health problems are hard to identify"⁽³⁾. However, the most frequent morbidities resulting from direct or indirect human contact with waste are diarrheic diseases, directly related with hand washing, and diseases transmitted by biological and mechanical vectors.

Another potentially unhealthy situation refers to the reuse of food and other objects found in the garbage, such as jewelry, toys, pots, utensils, etc. It should be highlighted that the nature of the work itself can compromise workers' physical integrity, besides other mishaps that can affect health. In itself, this problem justifies the interest nurses and other health

professionals⁽⁴⁾ should dedicate to these workers. Despite the lack of a formal employment contract, the number of workers increases every day and they are clients of health services affiliated with the Single Health System (SUS).

The condition of poverty and social exclusion that affects people in these circumstances needs to be considered in its full range, to the extent that it involves various dimensions, including those in the economic sphere and public health policies for example. This cannot be ignored. However, despite the adversities provoked by broader social determinants, there is a certain degree of autonomy in the ways of leading one's life that installs between these subjects' singular and collective, so that they can create, even if minimally, possibilities of transformation and, on the other hand, of social reinsertion. Some reflections in this sense are presented in research results⁽⁵⁾ about the social emancipation process of garbage collectors affiliated with two recyclable material cooperatives in the Southeast of Brazil.

When the researchers first visited the place of study - a recyclable garbage cooperative in Porto Alegre - they actually found that waste contact and handling, as well as the work environment, offers many health risks, giving rise to the following questions: what is and what is the importance of self-care in this environment for these workers? What are the possibilities of making the best use of the garbage at the lowest health risk? Based on these questions, the study objective was outlined, that is, to get to know the self-care behaviors of workers at this recyclable waste cooperative by discussing/reflecting on the theme and, thus, support the elaboration of a joint action plan to promote self-care practices in the work environment.

METHOD

A qualitative research was carried out among garbage collectors from a recyclable waste cooperative located on the outskirts of Porto Alegre, RS, Brazil, in a shed yielded by the city government. The subjects' participation and analytic capacity was emphasized, approaching the perspective of co-management of groups⁽⁶⁾ and an action research focus⁽⁷⁾. The subjects' active inclusion in all problem solving steps was taken as a premise, including the

diagnosis phase that identifies and contextualizes the subjects themselves. It is not enough for the professional to identify health risks or problems as such. It is fundamental for vulnerable subjects to perceive and assess them as well, discuss their condition and build solutions and alternatives, in accordance with their possibilities, without ignoring the misfortunes they are submitted to because they belong to the poorest social segments. Hence, data collection through the Focus Group Technique was providential. This constituted an important tool to assess the work situation in terms of the environment and the workers' attitudinal results with respect to the health risks.

In the focus group technique, "each participant talks on the basis of his/her verticality, that is, based on his/her experiences. However, as the individual history is the heart of the interrelations that are experienced, the reports, opinions, positions are constructs that are gradually outlined in the relations with the other(s). These refer to the groups of origin, manifestations of the preceding and contemporary history. Hence, the subjects also express the horizontality they are included in and the debate itself in the focus group is one of these constructions"⁽⁸⁾. Based on this principle, the intentional sample criterion was adopted, using the snow-ball resource, in which one subject indicates another to be part of the group. The person who had been the formal leader of the cooperative indicated the first person who, in turn, indicated the subsequent subject and so on, until ten participants were joined, a module considered ideal for the intended dynamics⁽⁸⁾. Five weekly sessions of one hour and a half were held, between December 2003 and January 2004, in a place that belonged to the cooperative.

During each group session, the participants were stimulated to discuss their health conceptions and observe their own work environment with a view to identifying probable health risks. Based on these discussions, elements were sought that would favor the implantation of improvements for health promotion and disease prevention. The debates were coordinated by one of the authors and, after each focus group session, the coordination team - which consisted of the authors - met to discuss and assess relevant aspects that emerged in the group dynamics, planned the next session and so on, until data collection was concluded.

The information was treated through discourse analysis⁽⁹⁾. This analysis mode is not based

on the quantification of signifiers - words, expressions - but on the understanding and meaning of the emerging statements.

As to the ethical aspects, the study complied with Resolution 196/96 by the National Council for Research Ethics (CONEP) and other determinations⁽¹⁰⁾. The project only started after the approval by the Research Ethics Committee at Rio Grande do Sul Federal University, registration number 2003230. The Cooperative leadership also gave its approval to serve as the research institution. Moreover, each participant gave his/her authorization for audio-recording by signing two copies of the Free and Informed Consent Term, guaranteeing: free participation and the right to cease participating at any time, anonymity, confidentiality of the information and absence of any influences that could interfere in access to and maintenance of the garbage collectors' job contract with the cooperative. Immediately after the transcription, the audio-taped material was destroyed, while the transcribed material will be stored for five years. The content of the statements to compose the text of the result publication was validated with the women who participated in the focus group, during a meeting specifically held for this purpose.

RESULTS AND DISCUSSION

Three themes emerged from the material that resulted from the discussions held on the basis of the focus group technique: health conception according to the garbage collectors; amidst the garbage, the place for meals; the work environment and the workers' conduct: identifying and solving avoidable risks.

Health conception according to the garbage collectors

To start the debates, the group participants were asked about their health conceptions. The manifestations converged towards one single certainty: being healthy means not catching a severe disease. According to the focus group participants, all of whom were women, the condition of not being healthy is directly related with having diseases like cancer, AIDS, tuberculosis, leptospirosis, etc. These problems were evoked on the basis of situations they experienced in the family or very closely, due to the context, as illustrated by the following statement.

For me, being healthy means not having to go to hospital, not taking medicines, if we don't have that we're healthy, if we don't have anything of a disease... I think that you should protect yourself from diseases, like AIDS, you know, and other diseases you can catch.

The understanding of health remained limited to the biological sphere, considering the body as the main marker of health and disease states. Although the participants appointed some health problems that can be caught by contact with waste, they did not make any affirmative assertion that they considered environmental influences as incisive determinants in health promotion and maintenance⁽¹¹⁾. Despite acknowledging that respiratory diseases and allergies can be caught through the waste, these diseases were not met with concern, arguing that they can be cured by medication. In the participants' conception, these diseases go by almost unnoticed, what bothers is the fact of *dying little by little*, which were then associated with the suffering of cancer patients. That is, the possibility of cure determines the importance of a disease to maintain the "status" of being healthy. Based on this representation, the group perceives itself as healthy and, when asked about possible health risks, by contact with waste, the only manifested concern was with the risk of catching diseases participants consider severe, such as AIDS during hospital waste handling.

Based on the debates, it was found that the garbage collectors assess living and health conditions in quantitative terms, that is, they remain restricted to the priority of having to guarantee survival, and not based on a qualitative measure, which refers to the pleasure of living. A similar condition was appointed in an earlier study⁽⁴⁾. Being healthy is closely linked with the possibility of being able to work, independently of the conditions the work offers. This conception denounces the distance from the notion of healthiness that attempts to contemplate appropriate work conditions. Separating waste, not only due to its informal nature, but mainly because of the risks it offers, is legally considered unhealthy⁽¹²⁾. When looking beyond work, it should also be highlighted that health results from fully attended social needs, in the sense of obtaining a dignified and high-quality life⁽¹³⁾, which is not observed in these workers' case.

Informality and poverty are persisting problems and this whole complex network interacts with the subjects' health, as it permeates several dimensions of their physical, mental and social well-

being⁽¹³⁾. What the work activity is concerned, recycling solved some problems, but entailed or maintained others. Income creation undoubtedly represents a part of the solution, a minimum guarantee for one's own and one's family's survival. However, the risks inherent in this activity, as mentioned in the introduction of this article, inaugurate a new category of morbidities.

Amidst the garbage, the place for meals

Many of the reports expressed the understanding that eating amidst waste was not a problem, as *one eats waste*. The established behaviors, hardly susceptible to changes, in the attempt to solve this specific issue, would perhaps find echo in the bond these subjects established with the garbage. The value the subject grants to waste is socially defined, that is, these workers' social conditions determine the intense reuse of what has been rejected⁽⁴⁾.

During the first contacts with the place of study, the formal cooperative leadership appointed the place for meals as one of the central problem issues, as this was located inside the recycling shed itself. In the attempt to solve this impasse, a kitchen was built on the patio to provide a more appropriate place. However, during focus group debates, it was literally said that:

... they have made that kitchen here for us, but we don't have breakfast here.

As researchers, imbued with the perspective of joint group management, it was known that any action plan to cope with difficulties would have to rest on the co-participation of the people directly involved, and the first step was listening. In this context, the reason for not using the kitchen environment for meals was inserted in the discussions, as it was the most appropriate place for this purpose. Arguments immediately came up about the inconvenience of having to move from the shed to the kitchen, as snack time, preset at 20 minutes, would almost be reduced by half. One participant's justification, who alleged that there were not enough chairs for all workers was not accepted by the others and attracted another comment:

...it is closer to come to the kitchen than to catch a disease and go to the health unit, which is further off.

However, even if the intent were to evoke preventive action, this statement indicates that concerns were more directed at preventing the

discomfort of having to move to the kitchen than at actual prevention in the sense of health care. Little by little, a crystallized attitude was revealed in the group, which resisted against any argument that could break the habit of having meals inside the recycling shed, to the extent that other complaints were added, such as the fact that the access door used to be locked during snack times, as well as the fact that some workers *do not feel at ease in the kitchen*.

On another occasion, constraint was expressed about having meals at the shed due to the visits of people who do not belong to the cooperative, who sometimes caught the workers having a snack there and commented on the lack of hygiene related to this conduct. When examining if the group considered the fact as a lack of hygiene, the following answer was actually given: *I think that they think that it is a lack of hygiene*, referring to the visitors. On the one hand, this declaration could point towards ignorance of the health risks. But what is the reason for hiding this practice from the visitors then? The concern with other people's opinions, due to the fact that they were being watched while they were eating in these circumstances, indicated that the subjects knew that "something was wrong". In parallel, notions of hygiene could be identified, that is, in that environment, the participants acknowledged the meaning of contamination.

I know a friend, whose name I'm not going to mention, but who does not wash her hands when she eats. She picks up something she finds there, chocolate, a clean thing, closed, she takes and eats it, she does not wash her hands [...].

Right, you took something closed, OK, but what has to be closed? You go there and take it with dirty hands, right, you open it and eat it with dirty hands, so it's no use.

This kind of situations needs to be dialectized, as practiced in the focus group dynamics, as they can contain a singular capacity to revert adverse situations or, at least, to consider reflections about them among the people involved. The coming and going of dialogues, initially permeated by explicit resistance to admit that eating amidst the garbage could represent a health risk, gradually changed its configuration. At a certain time, the belief predominated that it would be difficult but necessary to have one's colleagues eat in the kitchen. However, during the debates, the groups allowed itself to reconsider certain position that had shown to be crystallized and, as such, blocked learning. This gave rise to the interest in planning alternatives that, if

incorporated into self-care, could entail benefits for health. One example is the participants' initiative to make posters, encouraging meals in the kitchen and inviting everyone for a New Year lunch, as this date was near. Thus, the proposal was consolidated to redimension eating habits as from the new year, and the scheduled lunch would be the start of this new phase. At these times, gradually, the group became mobilized in the construction of viable solutions, within its reach, as proactive subjects.

As a result of this engagement, other needs were unveiled among the participants, who also started to discuss the importance of interpersonal relations at work. The conviction emerged in the group that, besides hygiene, the act of meeting at the shed would be the opportunity to approach subgroups of workers. This genuinely triggered a process of appropriation of reality, in a collaborative network.

The work environment and the workers' conduct: identifying and solving avoidable risks

Among other aspects, low adherence to the use of gloves was found, largely motivated by the precarious supply of new ones. This is one problem the garbage collectors from the cooperative face, as they depend on donations by the nearest health unit. However, the amount is insufficient to attend to the demands of this job. In the absence of new gloves, the workers remove what they find in hospital waste, wash and store it for future use. This aggravates the problem. Besides the contamination factor they expose themselves to, they are confronted with the fragility of surgical gloves, easily torn while handling waste and ineffective as protection equipment.

In the focus group discussions, some arguments emerged in favor of using gloves, such as avoiding the accumulation of dirt under one's nails and protecting oneself from *little animals that appear in the garbage, mainly in summer*. They remove the *larger animals* with their hands, but are concerned with the *little animals that can get into us without our perceiving it*. One of their fears is to catch *rat's disease*, referring to leptospirosis. However, the participants who most resisted against adherence to gloves refuted these arguments, saying that they had never caught any disease in their work with waste and one of them said she rejected gloves because she had allergy, associating this problem with the fact that she is hypertensive.

...if I put on gloves it seems that my veins are gonna explode.

In the discussions, it was evidenced that most workers from the cooperative actually do not use gloves to handle the waste. However, it was expressed that, when visitors are present, all workers put them on, even those who do not usually use them. At first sight, it could be interpreted that the notion of risk is acknowledged and that safe behavior occurs to protect oneself against it. However, the hypothesis should be considered that they are only adhering to a "politically correct" attitude, in a way similar to the situation mentioned earlier, i.e. hiding the practice of eating amidst the garbage from visitors.

Other problems gradually emerged during the debates and, to the extent that the participants identified them, they were encouraged to propose viable solutions, from the operational as well as from the budget perspective, due to occasional financial costs the suggested measures could entail. Little by little, a joint action plan was outlined, acknowledging that each participant's concerns referred to everyone and that the search for solutions would have collective repercussions. The following examples of concrete mobilizations can be mentioned: construction of a wall to protect themselves from floods and to avoid slippery floors; isolation of electric wires in impermeable pipes, prevention shocks; construction of a roof outside the shed to protect the workers who organized material on the patio from sun and rain; measures in terms of purchasing appropriate individual protection equipment (IPE) and removing rats from the recycling area.

After outlining the plan, the next step would be to take it to the cooperative leadership to discuss the viability of putting it in practice. The group's concern with the need for financial resources for these changes stood out, with fear of a salary discount at the end of the month. Next, everyone reassessed the proposal item by item to verify the financial viability and one of the participants suggested that someone would write down the plan so that nothing would be forgotten at the time of the meeting with the cooperative leadership.

During the last focus group meeting, the subjects as co-participants got mobilized to join efforts with the person who had been the formal cooperative leadership, inviting her to get involved in the group's

movement, and this occurred in the same meeting. The group dynamics and the action plan were explained by the women themselves who participated in the research and assumed the commitment to become multipliers of the new ideas among all workers of the cooperative.

CONCLUSIONS

Nowadays, waste recycling is appearing as a new work modality that has attracted an increasingly large number of individuals. Every day, new recyclable waste separation cooperatives emerge in big cities, but no specific social and health policy has been established to attend to this considerable group of workers' needs^(5,13,14).

Due to the poverty garbage collectors live in, the primary objective is to guarantee their own and their families' survival, ignoring possible environmental risks that are considered as a "part", and not as a consequence of the job. By diluting the indignation capacity, they culminate in hiding and, sometimes, in ignoring one's own feelings which, thus, are incorporated and gradually constitute the trivialization of social injustice. This range of social problems, which boils down to the subtraction of opportunities these subjects had to face in their lives, has its central axis in the economic aspect, directly and significantly affecting these workers' health⁽¹³⁾.

On the other hand, despite the bitterness of the context, often, manifest and latent knowledge is found, ready to be recovered and (re)constructed with the subjects themselves who experience this situation. This study allowed for this observation, showing that many of these favorable moments are part of co-participatory discussion, as intended through the use of the focus group technique in the way it was implemented.

But, obviously, in conclusion, it should be taken into account that isolated knowledge is of little use in practice if hunger is a primary need. Besides food, other premises like housing, leisure and education, among others, all of which are addressed in health theories, need to be integrated in the social care network^(11,13). And this is not limited to the mere solving of the most immediate needs. To achieve actual results, a change in the logic of social policies is essential.

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