

## Overview of University Actions Aimed at The Nutrition of Two Indigenous Communities in The Interior of The State of Mato Grosso Do Sul – Brazil: Report of Experience in Public Policies

Luis Henrique Almeida Castro;Diego Bezerra de Souza;Geanlucas Mendes  
Monteiro;Gildiney Penaves de Alencar;João Vitor Alves dos Santos;Lúcio Barbosa  
Neto;Raphael de Souza Cosmo;Thiago Teixeira Pereira;Wesley Sebastião da Silva  
Moraes;Cristiane Martins Viegas de Oliveira

### Abstract

The diet composed of adequate food is reported in the literature as one of the aspects of health promotion and maintenance, and it is the duty and obligation of the State to promote public policies that seek to meet these needs of the population. However, due to a number of factors, the minority or vulnerable populations end up not benefiting from a good part of the projects in force in Brazil. Thus, this work aimed to conduct a case study with two indigenous communities living in the interior of the State of Mato Grosso do Sul, listing the main points related to food practices, evaluation of the state of health in force and measures that help adherence to good food practices. The largest target audience was children from 0 (zero) to 12 (twelve) years, totaling 190 (one hundred and ninety), followed by newborns and puerperals who totaled 14 (fourteen) family nuclei and the elderly population of the community, which totaled 15 (fifteen). The service team was composed of Nutritionist, Health Agent, Social Worker and Nutrition Intern professionals. Several activities were developed, occurring according to the public attended during the different days of visit in the villages, mainly home visits, community actions such as vaccination campaigns, lectures and collective guidance. It is concluded that the measures adopted in public policies related to feeding the indigenous community is a powerful tool to provide the benefits for a better quality of life, well-being and maintenance of the health of indigenous peoples.

**Keyword:** Public health, Case study; Indigenous population; Nutrition; Food; Quality of Life

**Published Date:** 2/1/2020

**Page.173-178**

**Vol 8 No 02 2020**

**DOI:** <https://doi.org/10.31686/ijer.Vol8.Iss2.2183>

# **Overview of University Actions Aimed at The Nutrition of Two Indigenous Communities in The Interior of The State of Mato Grosso Do Sul – Brazil: Report of Experience in Public Policies**

**Luis Henrique Almeida Castro (nutricao.luishenrique@gmail.com)**

PhD in the Health Sciences Graduate Program, Federal University of Grande Dourados  
Dourados, Mato Grosso do Sul – Brazil.

**Diego Bezerra de Souza**

Local Development Graduate Program, Dom Bosco Catholic University  
Campo Grande, Mato Grosso do Sul – Brazil.

**Geanlucas Mendes Monteiro**

Health and Development in West Central Region Graduate Program, Federal University of Mato Grosso do Sul  
Campo Grande, Mato Grosso do Sul – Brazil.

**Gildiney Penaves de Alencar**

Health and Development in West Central Region Graduate Program, Federal University of Mato Grosso do Sul  
Campo Grande, Mato Grosso do Sul – Brazil.

**João Vitor Alves dos Santos.**

Graduated in Law and Master's Degree in Local Development at Don Bosco Catholic University. Campo Grande, Mato Grosso do Sul – Brazil.

**Lúcio Barbosa Neto**

Master's Degree Program in Movement Sciences in the Federal University of Mato Grosso do Sul (UFMS) Campo Grande, Mato Grosso do Sul – Brazil.

**Raphael de Souza Cosmo**

Municipal Department of Education  
Campo Grande, Mato Grosso do Sul – Brazil.

**Thiago Teixeira Pereira**

Health Sciences Graduate Program, Federal University of Grande Dourados  
Dourados, Mato Grosso do Sul – Brazil.

**Wesley Sebastião da Silva Moraes**

Graduated in Physical Education and post-graduated in exercise physiology and sports training and in special inclusive education with emphasis on multiple disabilities.

Dourados-MS-Brazil.

**Cristiane Martins Viegas de Oliveira**

Local Development Graduate Program, Dom Bosco Catholic University

**Abstract**

*The diet composed of adequate food is reported in the literature as one of the aspects of health promotion and maintenance, and it is the duty and obligation of the State to promote public policies that seek to meet these needs of the population. However, due to a number of factors, the minority or vulnerable populations end up not benefiting from a good part of the projects in force in Brazil. Thus, this work aimed to conduct a case study with two indigenous communities living in the interior of the State of Mato Grosso do Sul, listing the main points related to food practices, evaluation of the state of health in force and measures that help adherence to good food practices. The largest target audience was children from 0 (zero) to 12 (twelve) years, totaling 190 (one hundred and ninety), followed by newborns and puerperals who totaled 14 (fourteen) family nuclei and the elderly population of the community, which totaled 15 (fifteen). The service team was composed of Nutritionist, Health Agent, Social Worker and Nutrition Intern professionals. Several activities were developed, occurring according to the public attended during the different days of visit in the villages, mainly home visits, community actions such as vaccination campaigns, lectures and collective guidance. It is concluded that the measures adopted in public policies related to feeding the indigenous community is a powerful tool to provide the benefits for a better quality of life, well-being and maintenance of the health of indigenous peoples.*

**Keywords:** Public health, Case study; Indigenous population; Nutrition; Food; Quality of Life.

**1. Introduction**

One of the factors inherent to the well-being, balance and maintenance of society's health is to provide organisms with a healthy diet, mainly supplying carbohydrates, proteins, lipids, vitamins, fibers and minerals, in addition to water, thus combating comorbidities such as obesity, malnutrition, diabetes mellitus and hypertension (FERREIRA et al, 2017).

However, even in the 21st century, with a view to promoting various strategies at the initiative of government entities, the food system that passes through I) food production and marketing; II) food environments and II) food practices, can influence people's decision-making about their eating habits (CASTRO, 2019).

Due to several issues, part of the population has not yet received, does not receive or receives ineffective guidance regarding good feeding practices (HENRIQUES et al, 2018; DIAS et al, 2017), and may worsen in health problems, such as those mentioned above, due to inadequate feeding.

In Brazil, despite the fact that citizens are guaranteed the Human Right to Adequate Food (CASTRO, 2019), inequality affects the most vulnerable populations. One of them is the indigenous community, a legitimate

figure of the Brazilian nation and culture with its customs and beliefs, tolerates prejudiced, reductionist and separatist situations, confronting social and legal impasses throughout history, as well as the quest for their rights in the democratic sphere (AZEVEDO, 2019).

In this regard, with the urban development occurred displacement of indigenous territories to the urban area, also due to the search for access to education, formal work, among others (TEIXEIRA, MAINBOURG and BRAZIL, 2009). In the region of Mato Grosso do Sul it was no different.

Historically the interior region of the State of Mato Grosso do Sul was populated mostly by Kaiowá Indians in a unique territory called Ka'aguy Rusu. (VIETTA, 2007 apud PEREIRA, 2014.) Gradually and driven by the Triple Alliance War and the construction of the extinct Telegraph Line of the city of Ponta Porã, a migration flow of indigenous people from the Terena ethnic group to this locality was constituted. In the case of the Guarani people, their migration was motivated by the process of deterritorialization of their lands on the banks of the Paraná River, and today the village consists of both three ethnic groups. According to Pereira (2014), the three peoples "maintain many spaces for the manifestation of their exclusive ethnic identities, always based on linguistic elements, social organization, religion and other components of cultural tradition".

The Reserva Indígena de Dourados (RDI), for example, is today divided into two villages: Bororó, first to be constituted, and later Jaguapirú being politically directed by the Kaiowá people and Terena, respectively. The Guarani ethnic group, although it occupies both territories equally, does not yet have representative political strength to the same extent as the others. (PEAR TREE, 2014).

Additionally, an important and conflicting factor within the IADN is the entry and clandestine territorial settlement of non-Indians, most of this occupation taking place in the Jaguapirú village. Due to the multi-ethnic criteria and the norms adopted for racial self-denomination, despite the constant denunciations of the inhabitants, the National Indian Foundation (FUNAI) and the Public Prosecutor's Office claim not to have mechanisms to prevent the non-indigenous invasion or even to reappropriate the territories already occupied. (PEAR TREE, 2014; BRAND, 2014).

In view of the above information, a case study was carried out listing the main points concerning feeding practices, assessment of the current state of health and measures that could help adherence to good feeding practices.

## **2. Materials and Methods**

The visits in the community were carried out in Jaguapirú I Village. This is a reserve area created in 1917 - by State Decree 401 of the same year - by the intervention of the Indian Protection Service and it had, at the time, 3600 ha and has since expanded. (BRAND, 2014). The work involved the most different fields of the nutritionist professional's performance within the public health area.

Following the planning established by the activity plan, actions of three (3) general typologies were carried out: welfare (focused on nutritional care and monitoring of the individual and collective general health status of the target population), educational (focusing on the transmission of knowledge) and administrative and/or research (aimed at supporting and/or complementing previous tasks).

### 3. Results

The largest target public attended were children from 0 (zero) to 12 (twelve), totaling 190 (one hundred and ninety), followed by newborns and puerperals who totaled 14 (fourteen) family nuclei and the elderly population of the community, which totaled 15 (fifteen). The service team was composed by Nutritionist, Health Agent, Social Worker and Nutrition Intern professionals.

Several activities were developed, occurring according to the public attended during the different days of visit in the village, but mainly home visits, community actions such as vaccination campaigns, lectures and collective guidance were carried out.

In the public, children from 0 (zero to 12) were registered for child labor exploitation, children were adopted without formalization of birth registration and were being forced to carry out house cleaning and maintenance work. Nutritional assessment, correction of the vaccine notebook, oral vitamin administration, drug distribution and general guidelines on health status monitoring, breastfeeding and healthy complementary feeding were also performed. In the care of prophylaxis, the vaccination booklet for meningitis, triple viral and, on the recommendation of the Ministry of Health, HPV for both sexes, in which at the time, 50 (fifty) children had been given vaccines.

The activities aimed at newborns and babies involved general guidance on the monitoring of the family health status, breastfeeding and the execution of the Guthrie Test. Inadequate breastfeeding, involuntary retraction of the lower limbs (baby) and of the cephalic perimeter not consistent with the age of the infant (in this case there was referral for medical evaluation); cyanotic infant (clinical diagnosis of mitral heart disease); and newborn with low weight were detected.

The care with the elderly underwent nutritional and general health assessments as well as guidance according to the complaints (mostly: insomnia, inappetence, loneliness and family abandonment). There was also distribution of drugs and referrals to specialties when the need was assessed.

In addition, lectures were given to all audiences based on the 10 steps for healthy eating of the Food Guide for the Brazilian Population (BRAZIL, 2014). The material was adapted to better fit the reality of the food offered by the basic basket provided by SESAI to the inhabitants and a printed summary of the information was distributed to those present. On another occasion, the lecture covered food choice in order to elucidate to the inhabitants the benefits of local food from the natural supply within the village itself. A folder was also prepared with culinary recipes adapted to the social reality and majority purchasing power of the inhabitants based on food.

### 4. Discussion

The Brazilian indigenous community has its own "roots", that is, its customs, beliefs, religiosity, cuisine, among others (COHN, 2001). With the arrival of the Portuguese, the European culture with divergent perspectives was developing and establishing itself among the peoples who inhabited the territory, in which with the passing of the years, in the face of various interests, mainly those of a capitalist nature, gradually swallowed all that tradition of a legitimate people (AZEVEDO, 2019).

The exploitation of natural resources with a view to mercantility, the use of the land for agricultural production and mining, thus gradually devastating the natural environment, composed of animals, forests

and rivers, source of livelihood of the indigenous community. Villages that used to be built and structured with branches of trees, leaves and clay become small communities of concrete, iron, bricks and tiles, roads and trails make way for railways and roads, until cities are formed. Moreover, the Portuguese instituted their European way of preparing the new generations for adult life, indoctrinating them in schools until they reached higher education, thus leaving many less educated Indians to the detriment of their culture. Thus, today many Indians live in the urban area, but even after years they carry with them the ancient tradition of their people (CUNHA, 1994).

With modernity and a strongly capitalist world, technologies are increasingly present, advances in various areas of knowledge seek to provide the population with new services and products, among them the most diverse foods, mostly industrialized or with additives and preservatives, even created in laboratories.

In addition, with large industries and companies increasingly aiming at profit, it occurs through communication vehicles and media, an intense marketing to consumers. Undoubtedly, a large part of the indigenous population already has access to communication channels such as television, radio, billboards, social networks, among others. Such food products may not be the most appropriate to maintain and promote the health and well-being of the population, so it is necessary to create and implement programs and projects that aim to contribute to the improvement of the well-being of society, especially minority or vulnerable peoples.

Thus public policies are important tools to provide the population, highlighting here the indigenous community, with the rights guaranteed by law to this group, especially public policies aimed at nutritional health.

## **5. Conclusion**

The measures adopted in public policies related to feeding the indigenous community is a powerful tool to provide the benefits for a better quality of life, well-being and maintenance of health. Besides the State being fulfilling its responsibility to guarantee the rights of the Indians, it also allows their inclusion in society when in contact with the most diverse professionals who provide the service, which is the area of knowledge, has the opportunity to exchange experiences and get to know the different habits regarding their customs and traditions, that is, work, study, leisure, family moments, among others.

## **6. References**

FORMAN, L., BROLAM, CE. e KENYON, KH (2019) Global health, human rights, and the law – Authors' reply. *The Lancet*, v. 394, n. 10213, p. 1987.

HAIGH, F., KEMP, L., BAZELEY, P., et al (2019) Developing a critical realist informed framework to explain how the human rights and social determinants of health relationship works. *BMC Public Health*, v. 19, n. 1, p. 1571.

HALL-CLIFFORD, R. e COOK-DEEGAN, R. (2019) Ethically Managing Risks in Global Health Fieldwork: Human Rights Ideals Confront Real World Challenges. *HEALTH AND HUMAN RIGHTS*, v.

21, n. 1, p. 7–18. (Global health fieldwork ethics and human rights).

MEIER, BM. (2018) Human Rights in Public Health: Deepening Engagement at a Critical Time. HEALTH AND HUMAN RIGHTS, v. 20, n. 2, p. 85–91. (Perspective).

MONTENEGRO, L., VELASQUE, L., LEGRAND, S. et al (2019) Public Health, HIV Care and Prevention, Human Rights and Democracy at a Crossroad in Brazil. AIDS and Behavior, 2019. Available online at <<http://link.springer.com/10.1007/s10461-019-02470-3>>

SIM, F. e MACKIE, P. (2019). Human rights and public health. Public Health, v. 171, p. A1–A2.

VENTURA, CAA., MENDES, IAC., DE GODOY, S. et al (2019) Perceptions of brazilian nursing faculty members regarding literacy of human rights related to health in nursing undergraduate programs. BMC International Health and Human Rights, v.19, n.1, p.27.

VLASSOFF, C. e ST. JOHN, R. (2018).A human rights-based framework to assess gender equality in health systems: the example of Zika virus in the Americas. Global Health Action, v. 11, n. sup3, p. 1570645.

### **Copyright Disclaimer**

Copyright for this article is retained by the author(s), with first publication rights granted to the journal.

This is an open-access article distributed under the terms and conditions of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/4.0/>).