

Cultural Perceptions of Health and Healthcare in Brazil

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Introduction

My interest in Brazilian healthcare and their government sponsored universal program, *Sistema Único de Saúde*, or SUS, originated from my participation in a "Health in Brazil" program sponsored for course credit through the University at Buffalo during August 2011. During my experience with the program, I traveled throughout the southeastern state of Minas Gerais to learn about various aspects of healthcare, including public (SUS), private, and company sponsored. I was exposed to healthcare practice in many settings, including large cities, such as Belo Horizonte and Contagem, medium cities such as Ipatanga, and less populated and underserved regions such as Ouro Branco.

Understanding the key differences and similarities between Brazilian healthcare and healthcare found in the United States, and how they relate to culture, could potentially provide perspective beneficial to both countries.

In developing a system that adapts to the current needs of countries such as our own in the United States, considering the faults and success of other systems could prove beneficial. The rapidly changing and developing nation of Brazil proves a fruitful study for consideration, given the nature of their healthcare reform and progress that it has made on the overall health of their population.

Background

Brazil's Demographics

In 2011, the CIA World Factbook estimated that Brazil maintained a GDP of \$2.284 trillion, making it the 8th highest in the world. In 2012, it is estimated that Brazil will be the fifth most populous country in the world with 200 million people. Brazil has undergone substantial developmental change in the past forty years. Currently, Brazil is ranked 63rd in the world by the United Nations Human Development Index ratio and is often given the term "rapidly developing country". The degrees of development vary significantly within the country with northern regions such as the state of Alagoas having the lowest Human Development Index of 0.65 versus the Southern state of Santa Catarina reporting 0.82 (WHO, 2012). This contrast in development reveals the economic disparity between populations to which Brazil still struggles. The World Bank GINI index, which measures distribution of wealth and economic disparity among populations reports Brazil at a 54.7. While this number has decreased slightly from the 55.9 it was in 2007, it is still ranked as having the 13th highest inequality in the world (CIA World Factbook).

History of Universal Healthcare in Brazil

In 1987, the unification and decentralization of the health care system established the *Sistema Único de Saúde*, originating from the demands of the military party known as Sanitary Movement, which called for more social rights (Fleury, 2011, p. 1724). The creation of universal health care eliminated the multi-tiered former system with a system that made itself available to every member of the population, free of charge. As a benefit to efficiency, primary care became a large expansion and the focus of SUS. To further expand the program, in 1994 the Family Health Program, or PSF, was developed.

In 1988 the current Brazilian Constitution was passed and included that health care was a universal right of Brazilian citizens that that it would be provided with a universal healthcare program called SUS. The right to health and healthcare was based on the following definition of health:

"Health is a result of nutrition, housing, sanitation, environment, employment, income, education, transport, leisure, and access to essential goods and services."

Objectives

The purpose of this project was to provide an ethnographically based assessment of the health and healthcare in Brazil to identify potential cultural trends that permeate the health system. This was completed through the following methods:

- Participant Observation
- Interviews with Brazilians

Methods

Ethnographic Interviews

Participants

The purpose of this project is to evaluate cultural perceptions of health and healthcare in Brazil. Being an undergraduate project, the interview component was small scale. The interviews were complemented with my own ethnographic observation and traditional library research. Participants that were interviewed for this study included English speaking Brazilians and Brazilian-Americans who have spent a significant portion of their life in Brazil. The participants from Brazil were all from the state of Minas Gerais, in South Eastern Brazil. Recruitment was conducted by contacting personal acquaintances that the student investigator acquired while participating in a university sponsored study abroad program. Many of these acquaintances then referred additional participants for the study. Interviews with Brazilian-Americans were also initiated from prior personal contacts of the student investigator.

The participant group included an international relations officer from the department of education, a journalist, five university students, and a gerontologist. Three of the participants had spent significant time in the United States but maintained strong identities to Brazilian culture while the rest of the participants had no experience with the United States.

Methodology

Interviews for this study were conducted using electronic means of communication. This method was used to provide flexibility to the participants and to give the investigator the opportunity to collect data from individuals residing in Brazil. Participants were given the option of conducting the interview via instant messenger, video chat services, or other social media devices.

The UB Social and Behavioral Sciences Institutional Review Board approved the interview procedures for this study prior to any recruitment. Potential participants were contacted by email for recruitment for the study. Upon agreement to participate, they were presented a consent form electronically. Signatures were collected through electronic statements.

The interviews for this project were collected electronically via the internet. The most popular method of communication was through instant messenger, however several interviews were also collected through a series of emails.



Results

One of the goals of the interviews was to establish cultural views towards health and healthcare that are different from traditional American views. The first question asked to all participants was, "What is health?" The responses include cultural nuances which are further reflections of the Brazilian system of healthcare.

It was observed among the participants that they all commonly shared a more "holistic" view of health. In the one subject's response, it was stated that an individual was in good health when he or she, "...is well organically, psychologically, and socially". Another response was that, "Health is to be in physical and mental balance. Usually this balance generates a very beneficial feeling of well-being and happiness, with positive consequences in all life activities, such as in family, work, and community".

An interesting observation made from the interviews was the minimal reference to lack of disease or illness. During a presentation from the minister of health for the municipality of Belo Horizonte, I was told that the Brazilian definition for health was: "Health is the result from good nutrition, housing, sanitation, environment, employment, income, education, transport, leisure, and access to essential goods and services."

This definition completely ignores health as a physiological state of not being ill, but instead in focuses on the surroundings that could contribute to increased physical decline. Another participant stated in a similar manner that, "Health is a set of attitudes that makes the human being and that leads to having a happy life".

When coming the Brazilian-American to Brazilian responses to the question of what health is, both the Brazilian-American participants incorporated them of illness into their definitions. While the participant sample was very small it was still important that the first Brazilian-American participant answered that health, "...refers to a person's physiological, physical, and mental condition with the absence of illness," and the second response was that health, "...is what is needed to live a happy life and to not be afflicted with disease". In American culture, it is possible that health is an idea that does not always expand outward from physiological conditions. Among Brazilians, it seems that health is a much greater state of being than the difference between sick and well, and instead reflects on social and economic states. This concept seems to permeate into the structure and function of many components of Brazilian healthcare.



Discussion

Through the development of the Family Health Program and the use of Community Health Agents, it is evident that primary public healthcare through SUS strongly emphasizes family values. Not only do agents visit different households, providing education and addressing the needs of families, but PSF encourages family involvement through family appointments to the primary care clinics. The theme of family is seen again in maternal healthcare. In the maternity wings that I visited, the idea of immediate mother-baby bonding was present through the constant contact the mother and infant had prior to hospital discharge and through the efforts of the "Friend to the Child" breast-feeding campaign, which focused on the importance of bonding rather than the nutritional and immunological benefits of breast feeding. In the interviews conducted with Brazilians, results of health perceptions demonstrated a more encompassing and holistic view of what being healthy was to them. This definition may be one aspect of the cultural view of health that pervades the health system and reinforces the treatment of the family as a whole.

Conclusion

My interest in Brazilian healthcare came from my participation in summer study abroad program that focused on its different components and effectiveness. The purpose of this project was to evaluate any cultural trends through ethnographic participant observation and interviews in the healthcare approaches of Brazil as well as provide a critical analysis of the programs. The results of the research did not produce significant conclusions that could be made about the overall trends of healthcare, however subtle and unique cultural observations can be noted.

Through the development of the Family Health Program and the use of Community Health Agents, it is evident that primary public healthcare through SUS strongly emphasizes family values. Not only do agents visit different households, providing education and addressing the needs of families, but PSF encourages family involvement through family appointments to the primary care clinics. The theme of family as focused on in maternal care is particularly notable in that it, in a sense, broadens the Brazilian definition of health. Upon initial analysis, the emphasis of family was not a cultural value which was expected to persist through the entirety of their healthcare system and influence it to the degree that it apparently has. Further investigation is likely warranted. After the completion of this analysis, Brazilian cultural values play a significant part in both the formation of their policy and the delivery of their healthcare. Through extensive research, personal experience, and multiple interviews, it can be further concluded that culture is a significant part of healthcare in general, and when regarding the study and development of policy and healthcare systems in other countries, an anthropological approach would definitely broaden the scope of the information which can be acquired.



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