



RESEARCH ARTICLE

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HEALTH AND ENVIRONMENT, ASPECTS OF RURAL AREA THAT INFLUENCE HEALTH QUALITY: EXPERIENCE REPORT

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ARTICLE INFO

Article History:

Received 18th September, 2019
Received in revised form
02nd October, 2019
Accepted 20th November, 2019
Published online 31st December, 2019

Key Words:

Health and environment;
Rural area; Quality of health.

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ABSTRACT

This study aimed to analyze the health and environment aspects of the rural area that influence the quality of health in Teresina, Piauí, Brazil. This study was characterized as a reflective descriptive research of direct observation experience report. The participant observation study was conducted by health professionals who work in the primary health care of the Family Health Strategy within the community and carry out research studies in the rural area. The participant observation period was held in 2018, with various activities within the community. According to these observed and analyzed data, the precarious health conditions of this population and the great impact on the lack of health quality are pointed out, as it is strongly influenced by socio-environmental factors arising from basic sanitation issues as they are totally unsatisfactory and this influences the health and disease process and the achievement of comprehensive access to health services. Given the above, it is noted the relevance of understanding the relationship between socio-environmental conditions and the quality of life of the population, and the importance of presenting a critical reflexive presentation of the concrete reality of this rural area within the capital of the state of Piauí.

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Citation: Aíka Barros Barbosa Maia, Polyana Bacelar, Ranieri Flávio Viana de Sousa et al. 2019. "Health and environment, aspects of rural area that influence health quality: experience report", *International Journal of Development Research*, 09, (12), 32484-32487.

INTRODUCTION

In Brazil, what is considered urban and rural space is the subject of wide discussion since there is a political-geographical, socio-cultural and population complexity in the country, whose criteria used to differentiate these environments do not include the diversity of the territories that compose it (SILVA, 2011; JACINTO et al., 2012; MARQUES, 2015; ALENTEJANO, 2015; CELLA et al., 2019). This discussion is so important and necessary that the Brazilian Institute of Geography and Statistics (IBGE) published in 2017 the first approximation of the classification and characterization of rural and urban spaces in Brazil, based on models from other countries and national methodologies. In this publication, it was found that 60.4% of Brazilian municipalities were considered predominantly rural, 54.6% adjacent rural and 5.8% remote rural (IBGE, 2017). An example of materialization of the above contextualizations is what can be observed in the municipality of Teresina, capital of Piauí (PI), state of the Northeast Region of Brazil, which showed population growth in the last decade of 13.82%,

concentrating over one quarter of the total state population (26.11%). Between 2000 and 2010, its urban population grew by 13.29%, while its rural population grew by 23.18% (IBGE, 2010). Quite different from what happened in the previous decade, between 1991 and 2000, in which the rural population decreased by 10.55%. The municipality of Teresina also has a large rural area, unlike what happens in other northeastern and even Brazilian capitals, requiring proper planning, to avoid disorderly growth and negative impacts resulting from this process that influence the environment and the quality of the city. population's health. According to the Rural Development Superintendence of the municipality of Teresina, there are today more than 200 rural communities, among which stands out the community (Chapadinhasul) which is characterized by presenting territorial occupations with disordered growth with populations called camps and rural settlements. Due to these aspects of territorial housing, its own socio-cultural characteristics and the relationship between health and environment, the relevance of this study in describing through an experience report the characteristics of the rural area of the municipality of Teresina that point to conditions of

Basic sanitation conditions and health quality of the population

ANALYZED ASPECTS	CHAPADINHA SUL	APRIL 17E SETTLEMENT ABRIL	MARCH 8 SETTLEMENT ARÇO	ONION VILLAGE BOLA
1-Type of drinking water supply	- There is tubular well - People have access to running water in homes, but most do not use water filters.	-There is tubular well - People have access to running water in homes, but most do not use water filters. - Water is treated with chlorine	- There is no tubular well - People do not have access to running water in their homes, and need to travel to the surrounding community to get water from the tubular well.	-There is tubular well - People have access to running water in homes, but most do not use water filters. - Water is treated with chlorine Onion Village
2-Stormwater management	- Thereisnot	- Thereisnot	- Thereisnot	- Thereisnot
3-Collection and treatment of sewage and solid waste management;	- It has no sewerage and garbage collection is done once a week.	It has no sewage system and garbage collection is done fortnightly and for this reason they use the practice of burning the accumulated garbage.	It has no sewage system and garbage collection is done fortnightly and for this reason they use the practice of burning the accumulated garbage.	It has no sewage system, no garbage collection and for this reason they use the practice of burning the accumulated garbage.
4-Vulnerability of the population in relation to diseases propagated by water transport, solid waste and human and animal waste	- Parasitic diseases - Diarrheal diseases in childhood - Vector-borne diseases (dengue, chikungunya, leishmaniasis)	-Parasitic diseases - Diarrheal diseases in childhood - Vector-borne diseases (dengue, chikungunya, leishmaniasis)	-Parasitic diseases - Diarrheal diseases in childhood - Vector-borne diseases (dengue, chikungunya, leishmaniasis)	-Parasitic diseases - Diarrheal diseases in childhood - Vector-borne diseases (dengue, chikungunya, leishmaniasis)
5-Environmental impacts of sanitation on the quality of health of the population in general;	- People make deforestation to make charcoal for cooking food, burn it for incineration of garbage, damaging the air in the environment and causing many respiratory diseases.	- People make deforestation to make charcoal for cooking food, burn it for incineration of garbage, damaging the air in the environment and causing many respiratory diseases.	- People make deforestation to make charcoal for cooking food, burn it for incineration of garbage, damaging the air in the environment and causing many respiratory diseases.	- People make deforestation to make charcoal for cooking food, burn it for incineration of garbage, damaging the air in the environment and causing many respiratory diseases.
6-Paving and access to health services;	-No paving, streets and makeshift alleyways	-No paving, streets and makeshift alleyways	-No paving, streets and makeshift alleyways	-No paving, streets and makeshift alleyways
7-Health Care Adherence and Treatments	- Good adherence to treatments and health care. Satisfactory follow-up at the Basic Health Unit	-Difficulty in adhering to treatments and health care. Unsatisfactory follow-up at the Basic Health Unit	-Difficulty in adhering to treatments and health care. Unsatisfactory follow-up at the Basic Health Unit	-Difficulty in adhering to treatments and health care. Unsatisfactory follow-up at the Basic Health Unit

Study Site Images



development and sanitation is justified impact on factors relevant to the care and quality of health of the population. There is currently a consolidation of the innovative approach to health and environment, which finds the methodological tool in environmental epidemiology terminology and the expression environmental health the key to guiding institutional organization and sensitizing communities, technicians and governments on the need for an approach that articulates both spheres. Underlying this view is the perception of the importance of health and environment as a concept and practice. The result of this approach to health would be to value the environment as a determinant of health problems, while, for the environmental area, visualizing the effects of environmental changes on human health would bring the significant contribution of rescuing the impact on health. man in the concerns of the environmental approach, advancing from the classic overvaluation of the impacts on the physical environment (HELLER 2017). This study aimed to analyze the health and environment aspects of the rural area that influence the quality of health in Teresina, Piauí, Brazil.

Development

Methodological Study: This study was characterized as a reflective descriptive research of direct observation experience report. In this sense, the present research describes the characteristics and peculiarities of the rural area Chapadinha Sul de Teresina - PI, analyzing the impact of the health quality of the people who live in this rural area without basic sanitation. The participant observation study was conducted by health professionals who work in the primary health care of the Family Health Strategy within the community and carry out research studies in the rural area, in partnership with the FIOCRUZ – PI scientific study group. The participant observation period was held in 2018, with various activities within the community, such as field territoriality enrollment research, collective activities in schools and day care centers, community health education activities, home strategy visit activities family health and care for the population at risk, and educational activities and collection of material for scientific research field work of the Oswaldo Cruz Foundation-FIOCRUZ, Piauí.

As participant direct observation factors within the community were analyzed:

- Type of drinking water supply;
- Rainwater management
- Collection and treatment of sewage and solid waste management;
- Vulnerability of the population in relation to waterborne diseases, solid waste and human and animal waste?
- Environmental impacts of basic sanitation on the health quality of the population in general;
- Paving and access to health services;
- Health Care Adherence and Treatments

The data were analyzed and discussed in a reflexive critical way that aims to contribute to the knowledge about the health of rural communities in the municipality of Teresina and the state of Piauí.

Description of study site: The Chapadinhasul community, is located in the southern region of Teresina, in the rural area,

which is approximately 25 km from the urban perimeter of the capital, bordering the municipality of DemervalLobão - PI. This community is extensive in the area of territorial construction and is formed by subdivisions of several villages that receive the following names: Grande Chapadinha Sul (formed by the subdivision of chapadinha I and II, Nossa Senhora de Fátima subdivision, CipóEnrolado locality, Sambaíba locality); Settlement April 17; Settlement March 8 and the Onion Village. Among these locations in the large rural area of Chapadinhasul it is important to note that the settlement area April 17, settlement March 8 and the village Cebola are on average 10 to 12 km from the central region of the community and access health service, thus hindering the quality of health care for these communities and rural areas. It is also noted that these areas have some different aspects in relation to the conditions, basic sanitation conditions and quality of health of the population, so they were analyzed separately. For the National Institute of Colonization and Agrarian Reform (INCRA, from the Portuguese Instituto Nacional de Colonização e Reforma Agrária, 2016), rural settlement is a complex with several independent rural properties that were inserted into a private rural property. These properties are 11 lots, where it is incumbent upon INCRA to give them to families without economic conditions. Scopinho (2010) states that rural settlements are an expression of the social struggle of rural workers seeking to improve working and living conditions, spaces of multiple social relations and knowledge exchange, which will help to reduce unemployment and misery that affect them. It is a social action, organized or spontaneous, linked by common goals to solve various problems, such as health care.

RESULTS AND DISCUSSION

According to these observed and analyzed data, the precarious health conditions of this population and the great impact on the lack of health quality are pointed out, as it is strongly influenced by socioenvironmental factors arising from basic sanitation issues as they are totally unsatisfactory and this influences the health and disease process and the achievement of comprehensive access to health services. Lack of access to piped water in homes and lack of proper filters and water treatment, and the absence of regular waste collection has as strong consequences the development of waterborne diseases as mentioned in the table above and this shows a precariousness in meeting the basic social and environmental needs of this community. The main sources of contamination of water used in rural properties are the lack of human and animal effluent treatment, the lack of adequate cleaning and disinfection of reservoirs and water tanks, the lack of water treatment for supply and the lack of maintenance. wells (PINTO *et al.*, 2010). Another important point in this observational analysis is the aspect of burning and deforestation in the rural area that has a direct and aggressive impact on the environment and the health of the population, which has already been the target of a fire tragedy that affected a large area of the settlement. March 2017, with loss of people and homes in the community. This point, in addition to being a major environmental risk, also impairs the quality of life of the population who frequently suffer from acute and chronic respiratory problems as a result of this event, and this inappropriate practice is justified by the lack of regular collection of solid waste in rural areas. The health conditions of any population is strongly influenced by the evolution of environmental conditions, particularly with regard to housing

adequacy and environmental sanitation (MONTEIRO & NAZARI, 2010). Emphasize the importance of consolidating public policies and the need for new organizational arrangements that strengthen the relationship between health and the environment, with the strengthening of intersectoriality between state institutions and the co-responsibility and participation of the population in promoting well-being and quality of life. For Rodrigues (2017), the new paradigm that encompasses multiple aspects of rural development discusses the theme in the social context, in a context of comprehensiveness, since it focuses on the quality of life achieved by meeting basic needs and especially the participation of rural people. citizens in this process.

Final Considerations

Given the above, it is noted the relevance of understanding the relationship between socio-environmental conditions and the quality of life of the population, and the importance of presenting a critical reflexive presentation of the concrete reality of this rural area within the capital of the state of Piauí, in order to prove the need for evolution of the context of the quality of housing health of this population. Therefore, rural development strategies cannot simply be guided by the accumulation of economic development, production and productivity goals, but must also support those changes that lead to greater security of health, well-being and quality of life of the population.

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