



## RESEARCH ARTICLE

# Health Equity and Social Technology: Cultural Competence and Psychosocial Care for Originary People in an Urban Context in Rio de Janeiro/Brazil

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## ABSTRACT

That's a historic description of primary health care activities from 2008 to 2025 dedicated to mature and elderly indigenous people located in an urban context in Rio de Janeiro, Brazil, based on the National Health Policy (NHP). Due to the pluralistic constitution of the country, it was specifically separated as Comprehensive Health Care. For this qualitative description over time, the Instrumental Case Study (Stake, 1995) was adopted. A collective and cooperative construction of knowledge was carried out through the Traditional Knowledge from their territories. In parallel, intercultural health education was developed for undergraduate students by the Laboratory for Studies of Aging Processes of the Postgraduate Program in Psychosocial Care of the Institute of Psychiatry of the University of Brazil of the Federal University of Rio de Janeiro (UFRJ), in an intersectoral, interuniversity, and interdisciplinary partnership. The work developed turned into a qualitative research on Covid-19, authorized by the National Research Commission (CONEP). After, methodology of intergenerational meetings was adopted. As a result, this experience represents the potential of an innovative, simple, inexpensive, and efficient educational practice to address complex health content that is significant to their cultures. Intercultural cooperation correspond to a contemporary global demand to peoples of movement across territories. NHP seeks to create conditions for access to healthcare considering the sociocultural and epidemiological specificities of the Brazilian population. Extensive material produced collaboratively are available by the public university. They felt respected and empowered in an urban environment. Young people advanced towards academic training, aware of their leadership roles in the 21st century. As conclusion, implementation of Public Policies requires intersectoral actions aimed at mitigating prejudice, fear in the face of different cultures and clinical situations that are not yet well understood in epidemiology. This represents one of the roles played by psychosocial care, environmental immunology, environmental ethics and social technology as effective dimensions of human rights, at continuous construction to a healthy society.

**Keywords:** Social Vulnerability, Human Rights, National Health Policy, Psychosocial Care, Indigenous Peoples in an Urban Context.

## Introduction

Brazil has historically been plagued by profound social, economic, and racial inequalities, which are starkly reflected in health indicators, including mental health. Ethnopsychiatry is a multidisciplinary field that studies the complex relationship between culture, mental health, and the individual, analyzing how cultural specificities influence mental disorders, manifestations of suffering, and therapeutic responses, seeking to understand and promote care more adapted to different contexts. It is also known as transcultural psychiatry.<sup>1</sup> As recommended by international psychiatry, existing psychological suffering can be mitigated by primary health care strategies, via psychosocial care.<sup>2,3</sup>

It is also true for originary and ethnic people in urban contexts, where many of their regional uses and knowledge regarding natural resources are not valued.<sup>4</sup> They are ignored and excluded, or, when there is a conflict of interest, there is a legal loophole regarding access to traditional information, so, being invaded by cultural misappropriation.<sup>2,5,6</sup>

According to the 2022 Demographic Census by the Brazilian Institute of Geography and Statistics (IBGE),<sup>7</sup> the originary people population, 52% of them are living in cities in subnormal conglomerates (“favelas”), thus, a territorial occupation not officially recognized and, several times, these presences are not computed at the Strategies Primary Attention Programmes. So, this majority remains the most vulnerable in accessing health services,<sup>2</sup> experiencing higher rates of morbidity, exposure to precarious living conditions, and institutionalized prejudice, factors that culminate in poorer quality of health care.<sup>8</sup>

Public policies represent the set of ethical and legal guidelines and frameworks adopted by the State to address a problem presented to it, by society. According to Bárbara Starfield, Primary Health Care (PHC) has essential attributes (access at first contact, comprehensiveness, longitudinality, coordination) and derived attributes (family guidance, community guidance, cultural competence).<sup>8</sup>

In light of this scenario, thus, it has emerged as a historic response to racial inequities in the health system and promoted citizenship,<sup>9,10</sup> as well as intercultural bioethics<sup>11</sup> besides intercultural education.<sup>12,13,14</sup>

Despite legislative advances and the strengthening of the protagonism of social movements, the implementation of public policies still faces serious challenges. Among the main obstacles, the invisibility of the topic during the training of health professionals stands out, the scarcity of epidemiological data with a racial focus and the persistence of discriminatory practices in services, especially in medical care, when illnesses extrapolate their Traditional Knowledge.<sup>15,16</sup>

By recognizing social determinants of health, the policy proposes specific guidelines to ensure universal, comprehensive, and equitable access to services, with

respect to the ethnic-racial and sociocultural specificities of populations.<sup>16,17</sup>

To address the complex problems of these populations,<sup>18</sup> Public Policies (PP) had been developed, but they are not static. They remain in a continuous process of improvement, based on social participation and in collective construction.<sup>13,16</sup>

For all these reasons, the intergenerational and intercultural health education project in the health space of the Laboratory for the Study of Aging Processes (PROVE) of Psychosocial Attention Post Graduation (MEPPSO) from Institute of Psychiatry of the University of Brazil (IPUB-UFRJ) and intersectorial partners, seek to develop cultural skills for undergraduate, medical residency and *strictu sensu* postgraduate students.<sup>3,19</sup>

## Aims

To make a qualitative descriptive study of an institutional case on the main advances and challenges in implementing public policies for indigenous representatives’ populations in Rio de Janeiro/Brazil, with a focus on health promotion through health education. Besides professional training to deal to urban indigenous during social technological partnership with professors of Intellectual Property and Rights from INPI besides Immunology Laboratory, the Environmental Health, Parasitology, Bioethics (SAPB) Project/Immunoparasitology Laboratory and PROVE Laboratory from Federal University of Rio de Janeiro (UFRJ).

## Methodology

For this qualitative description over time, the Instrumental Case Study<sup>20</sup> was adopted, where the case is used as a tool (instrument) to provide insights into a larger theme. Robert E. Stake conceived that the case study is the search for understanding its particularity.

The case study was discussed through a bibliographic review using qualitative exploratory research and documental analysis on public policies addressing health inequality. The criteria used in the data analysis were legislative and government data regarding guaranteed rights, the reality experienced by the population, and current public policies from primary sources.<sup>21,22</sup>

Specifically, to originary people<sup>23,24</sup> besides secondary sources, as policy aspects that underpin the implementation of specific public policies.<sup>25,26,27,28</sup> The citations were compiled in accordance with the American Medical Association.<sup>29</sup>

## Results

The theme is justified by the urgency of integrating empathy to the “other”, it means respect to the “different” and to the “foreigner”, into clinical practice and also to primary health care strategies, in order to clarify and to reduce institutional prejudice against cultural differences.

So, Robert Stake (1995)<sup>20</sup> believes that knowledge is constructed. The researcher is not a neutral observer,

but an interpreter who seeks to capture the multiple meanings that social actors attribute to that institutional reality. For him, the case is a "bounded system" with its own identity. Therefore, he develops a classic approach that focuses on the "art" and interpretation of the case. This author values intuition, empathy, and storytelling ability. The focus is on holistic complexity: how the parts connect to form a living whole.

Stake (1995)<sup>20</sup> asks: "What does this case mean for those who experience it?" In this way, the reader makes connections with their own experiences, generating a practical understanding that he calls "naturalistic generalization." Because it clarifies different meanings and perspectives on the same phenomenon.

Thus, the review of public policy to promote social justice (through equity of access) in the health field for a country with a historically plural population constitution<sup>2</sup> co-exist with intensive migratory movement of indigenous peoples to urban cities (also due to their vulnerability when exposed to violence, *In*,<sup>30</sup> is a demand, specially in aging populations. They require care and guidance<sup>3</sup> as seen in Figure 1.

**Figure 1:** Meeting of indigenous leaders PROVE & Intersectorial Partners (UFRJ & INPI).



**Source:** The Authors. <sup>36, 46</sup>

Beyond socioeconomic conditions, racial prejudice also acts as a factor in illness and exclusion from access to comprehensive care within the Unified Health System – SUS, similar situation occurs to black people, as already discussed by.<sup>31</sup> So, the authors reflected that in this sense, public policy seeks to promote equity through understanding as the unequal treatment to the unequal, ensuring specific actions that meet the unique need of populations.

The illness of indigenous people in urban contexts is not restricted to the biomedical field in their own singular vision. In Indigenous cosmologies, health involves body, territory, ancestral memory, language and collective well-being. The rupture of these bonds in cities, marked by violence and exclusion, generates physical, mental, social and spiritual suffering. Depression, suicide, chronic illnesses, and institutional neglect reflect not only socioeconomic vulnerability but also identity misrecognition. These aspects weaken bonds of “belonging” and evidence reduce comprehensive health role.<sup>2,3</sup>

The Indigenous presence in urban cities requires intercultural public policies.<sup>32</sup> So, consequently, it requires the implementation of intercultural education to strengthening social participation, besides the ongoing training and qualification of health professionals with a focus on cultural diversity relations and on production of information and indicators disaggregated by race/color, as preconized by National Curricular Guidelines.<sup>2,3,12</sup>

Among the central guidelines, there’s the following stand out: the promotion of equity in access and quality of health care; thus, the valorization of aspects of culture in therapeutic and educational processes.<sup>2,3,12</sup> These guidelines respond to epidemiological data that highlight inequalities.

The policy also proposes that undergraduate and graduate health program curricula, especially in medicine, include content that discusses institutional racism, the history of the indigenous population in Brazil, and the impacts of these issues on clinical practice and health care. Furthermore, training professionals prepared to act with cultural sensitivity and commitment to human rights is considered strategic for transforming the current healthcare model.<sup>2,3,12,33</sup>

Health education and ethical co-existence are priors in every single local, specially, at school: Confronting discrimination; Public awareness campaigns to deconstruct myths and stereotypes, besides to promote a culture of respect and diversity; Protection against violence with coordinated action by human rights protection agencies to prevent and respond to cases of discrimination, violence, and abuse, specially, in contexts of greater social vulnerability.<sup>34</sup>

So, this intersectorial project incremented social participation and governance (social control with mandatory inclusion of representatives on municipal, state, and national health and disability rights councils). Intersectorial coordination created committees involving departments such as human rights, to ensure the transversality and effectiveness of actions. Therefore, it has culminated in effective achievements in the field of Social Technology.<sup>35, 36</sup>

## Discussion

In the historical context, the city functions as a space for the denial of indigenesness, reinforcing the idea that indigenous presence is only legitimate in the forest. It

renders urban forms of resistance and reXistence, invisible. Although the IBGE Census (2022)<sup>7</sup> indicates that 52.5% of the indigenous population lives in cities, many of them are considered "less legitimate," a problem which hinders access to fundamental rights, including the healthcare.<sup>32</sup>

Despite the relevance of public policy, which helps to align to other public policies to indigenous people, its implementation still faces significant obstacles. Many health managers and professionals are unaware of its existence or do not consider it as a priority in local territorial plans and actions. The absence of effective monitoring mechanisms, poor intersectoral coordination and lack of adequate funding compromise its effectiveness across the country.<sup>8,30,37</sup>

Therefore, the consolidation of this public policy (PP) depends on the strengthening of institutional structures, the engagement of public managers, and the critical and committed performance of health professionals to the principles of equity.<sup>2,3,36</sup>

Furthermore, the greatest obstacle to excellent care is the lack of knowledge about the cultural and traditional habits of these people in the urban settings. These factors generate prejudice, isolation, stigmatization, and segregation (the latter is considered crime in Brazil) leading to problems, especially mental health disorders.<sup>36</sup> Indeed, all the situations mentioned are symptoms of unequivocal social unrest, which also demands care.

In the context of social inequality, the Brazilian Institute of Geography and Statistics<sup>7</sup> in the 2nd edition of the newsletter "Social Inequalities by Color or Race in Brazil" have already indicated in 2021 problems also in the labor market, bringing social and health repercussions. So, public policies are very necessary, because they link their actions to the guarantee of Human Rights.<sup>19,38</sup>

The gaps here exposed indicate that intercultural and intergenerational health education practice, carried out for seniors members of psychosocial care indigenous groups in urban contexts, frequently dehumanized, was an effective way to generate a sense of appreciation, hope, and optimism among this population.<sup>39,40,41</sup> It was also announced by the indigenous voices, whose knew how to occupy their "speaking local places" in others university institutions.<sup>41</sup>

Thus, this innovative intercultural and intergenerational health education practice, with their skills, were promoted through self-care, intercultural competence and people empowerment, once again feeling as protagonists of their own health and life, as previously recommended by international psychiatry yet.<sup>1</sup> So, it had already been discussed in ethnopsychiatry.<sup>2,13,32,42</sup>

On the other hand, for our team, the activity developed empathy, eco-perception, environmental ethics and cultural competence by coming into contact with peculiar worldviews that coexist in the national territory, as

previously reflected by.<sup>43</sup> There was an appreciation of learning through active methodology applied to intercultural and intergenerational groups.<sup>44</sup> Meanwhile, all we felt enriched, as previously discussed by<sup>45</sup> based on the work carried out in outpatient service, 7a Ward of Santa Casa da Misericórdia Hospital, which also serves indigenous people in an urban context in Rio de Janeiro (MUL-RJ, 2023).<sup>36,46</sup>

The Laboratory for Studies of Aging Processes (PROVE) of the Post Graduate Program in Psychosocial Care (MEPPSO-IPUB/UFRJ) works based on public policies, applies environmental health concepts and implements collective health and psychosocial care practices. It will maintain the intersectoral partnership to continue grounded in the philosophical principles of the Unified Health System.<sup>3</sup>

To work together to culturally diversified populations, it was necessary to innovate using applied Social Technology techniques in partnership with the Environmental Health, Parasitology, Bioethics Project (SAPB-LIPAT/FF/UFRJ), that met the profile of our users, ensuring understanding and citizen participation to obtain a good result.<sup>47,48</sup>

Nevertheless, the SARS-CoV-2 pandemic, Covid-19, has ravaged the world in a threatening and lethal manner, especially for the elderly population, including those of ethnic or indigenous peoples, who correspond to groups of greater physical and psychological vulnerability; even more when associated to comorbidities and to markers of social difference.<sup>8,49</sup>

The Covid-19 pandemic has impacted the elderly population in a variety of ways, both health-wise and financially, compromising their autonomy. The resulting social isolation has generated anxiety, insecurity, fear, feelings of loneliness, hopelessness, anguish, exhaustion, irritability, boredom, anger, feelings of abandonment, and obsessive monitoring of symptoms. The impacts of the pandemic on the elderly population has also contributed to feelings of abandonment and perceived negligence by the state, factors that may have led to social suffering and harm to public health as their speech<sup>50,9</sup> these facts were methodologically investigated.<sup>3</sup>

Indeed, the mobilization of members of indigenous peoples in urban areas in Rio de Janeiro,<sup>13</sup> a also generated an effective contribution to indigenous people<sup>47,51,52,53,54</sup> being retransmitted to Amazon, and in part, it was spread for riverside populations.<sup>54</sup> While biotechnologic research with natural products aimed health prevention at urban context, as an example of Environmental Applied Immunology.<sup>3,55,56</sup>

As early as 1986, there was a global interest in contributing to universal and equitable health policies, with the creation of the Ottawa Charter during the First International Conference on Health Promotion, held in Canada. The Unified Health System (SUS) was established by the Federal Brazilian Constitution in 1988 and later regulated by 8.080/90 Law. In Brazil, the health system adopted by the State is the SUS, whose

principles guaranteed by law, are universality, equity, and comprehensiveness. These developments in human rights are also currently recognized in the legal field as “dimensions” of human and/or fundamental rights.<sup>19</sup>

So, public policies can be defined as a set of actions and/or programs developed by the government that address problems of public interest and guarantee citizens' rights. Through public policies, the Unified Health System (SUS) aims to reduce the inequality present in the country.<sup>22</sup>

In Brazil, the SUS's principle of universality aims to guarantee access to health care and services to all people, regardless of gender, race, occupation, other social or personal characteristics. Equity, on the other hand, refers to treating those who are unequally, investing more where the need is greatest, and ensuring that the distinct needs of individuals are met. These alarming figures represent social markers of the current inequality-laden scenario that prompts reflection on how, in practice, the rights guaranteed by law are enjoyed by the originaries populations.<sup>2,57</sup>

This work aimed to discuss the inequality of originary people, especially in urban contexts, in access to health, besides the public policies that intervene to guarantee their fundamental rights.<sup>2</sup> Comprehensively, the scope of this reflection about urban indigenous populations, which profile was recognized and valued by the mature and elderly leaders in Rio de Janeiro city<sup>58</sup> was formally presented to a legal protector institution, the World Intellectual Property Organization.<sup>59</sup>

In parallel, due to their clinical vulnerabilities when at urban context, research was developed into environmental immunology in correlation with environmental health. Environmental (applied) immunology is the study of how the immune system is influenced by environmental factors, both: natural or those resulting from human activity (pollutants, pathogen exposures, diet and lifestyle, as social isolation during the Covid-19 pandemic), besides how the others types of exposure can trigger immunological disorders, looking for solutions.<sup>60</sup>

Therefore, the knowledge of environmental immunology is fundamental for public health, as it supports and guides the prediction and control of disease outbreaks, enabling the development of strategies to minimize the negative impacts of the environment on the health of individuals and populations.<sup>2,61</sup>

The relationship between the immune system and the neuroendocrine system is studied by our group for two decades, known as psychoneuroimmunology, which deals with the interaction between stress, behavior, immune response and natural extracts whose act as phyto-adaptogens and as functional foods.<sup>2,60</sup>

Next, the use of plants for environmental phytorecovery and technologically solutions<sup>56</sup> were adopted, thinking in individuals under state of vulnerability, risk and susceptibility. In this sense, basic biotechnological

research was carried out via photoimmunomodulation studies, besides investigation of plant potential as bio-indicator of excess ultraviolet radiation.<sup>55</sup>

Till this moment, we didn't find any comparable communication upon actions performed among originary people art related to health. Once, noteworthy, brazilian indigenous people consider territory not only a geographic space, but the surrounding nature and also their own language, considering as all of them flow through their bodies (vibration and sonority). So, just the procedure of hearing, listening their singularities with respect to what was said to us in trust, indeed, had promoted increased mental health.<sup>3</sup>

Thus, the chiefs and those indicated by the urban leaders present in Rio de Janeiro carried out actions to their communities at the university health service, where they were embraced. They were CEDIND-RJ<sup>2</sup> MARAKA'-NÁ Village Pluriethnic University,<sup>62,63,32</sup> besides those indigenous not filiated, the isolated one (they are many).<sup>48</sup>

Finally, this methodological format of construction of social technology had not yet been found in official publications for indigenous in an urban context, thus collaborating together with their worldviews in health service. They improved linguistic literacy to health professionals and cultural competence was evoked, consequently, a cooperative clinical care was installed in the urban context of Rio de Janeiro, Brazil.<sup>63</sup>

From actions in a primary health care, we turned to specific teaching methodology,<sup>44</sup> also to carrying out interdisciplinary and intercultural work to urban ethnodevelopment. Thi ethnodevelopment respected the worldviews and ancestrality of each people, implementing through their cooperative and creative work, the concept of Social Technology proposed by.<sup>35</sup>

Due to climate changes on the planet, it was expanded the concept and directed it towards actions in Socio-Environmental-Cultural Technology.<sup>2,48,36 64,56</sup>

As an outgrowth of the intersectoral experience of the interdisciplinary group in psychosocial care,<sup>3</sup> intercultural health education for indigenous members present in an urban context in Rio de Janeiro from 2008 to 2025 period was a single experience. Both: Ethnic and indigenous peoples' members can be cited nowadays as undergraduates, graduates, masters, and doctors, all of them able to represent their groups in urban settings.<sup>19</sup> We may conclude that every experience shared here correspond to an original communication.

## Products

- Undergraduates from originary people and ethnic groups present in Rio de Janeiro who advanced through conventional formal study to increase their representations.<sup>53,32,34,36,40,48,54,62,63,64,65</sup>
- Undergraduate and Master's students in an interdisciplinary work.<sup>45,61,66,67,68,69</sup>
- Cultural and Socio-Environmental-Cultural Technology Videos at Events:

Show their engaged and cooperative participation (EVENTS: XVI and XVII SAPB-LIPAT & PROVE-IPUB & LIC-HUCFF/UFRJ & SHSCMRJ-HUGG: SAPB Project Events, 2024).<sup>70,71,72</sup>

### Contributions

The study identified gaps in health professional training and thus reflected on the strategies in psychosocial care, already constructed interculturally, for primary health care in these university sectors PROVE-IPUB/UFRJ Laboratory & SAPB-LIPAT/UFRJ Project & Immunology Laboratory of University Hospital evolving to Social Technology.

They were, in fact, equitable, humanized and committed to the human rights of the indigenous people at an urban context in Rio de Janeiro/Brazil.

### Conclusion

We conclude that the respect and the empowerment of indigenous populations in urban settings, specially during the pandemic, through cooperative health education used as a psychosocial care strategy, was innovative and positive due to the motivation for ongoing self-care, autonomy and self-direction.

However, given that the expanded definition of health also refers to biopsychosocial well-being, the data presented discuss a reality that contradicts the ideal.

Therefore, the relationship between law and health is fundamental today, both to safeguard health as a human right inherent to all dimensions and to ensure that the system functions fairly, accessibly, efficiently and humanized.

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