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A Glimpse into Life on Avenida Caetano: An Auto-Ethnographical Study with Emphasis on Community Health and Social Determinants of Health within an Urban Context in Brotas, Salvador, Brazil

Harleen Bal
SIT Study Abroad

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Bal, Harleen

Academic Directors: Ventura, Gabriela and Saavedra, Ismael

Project Advisor: Brito, Marcia, Directora da Associação de Moradores da Communidade Avenida Caetano

Brazil, Salvador

University of Richmond

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Abstract

Community health is a concept that encompasses many facets of life beyond simply the physical health of a community. Community health refers to the collective health, mental, physical, and emotional, of a specific community, encompassing all ages and genders within that group. In Brazil, the universal healthcare model focuses much on primary care and community health workers (Kahn, 2008; Gragnolati). In a particular community in Brotas, while the community has some resources, it is still lacking in jobs, education, financial resources, and perhaps also faces issues of violence and racial inequities. This study strives to utilize participant-observation methodology, interviews, and research to gain insight into the state of community health within a particular community. In this particular community, a private university has partnered with the community and helped to establish a clinic and association to educate residents and provide services.

It is through involvement and participation in this association as an English teacher and participant-observer in the community, that I was able to integrate myself, to a slight extent understandably, with the community for three weeks to observe and learn. I gained knowledge about the availability of resources, health issues, and social determinants of health and how these aspects influence the overall health of the community members in this particular community of Brotas. This study uses an auto-ethnographic approach to delve into the intricate facets of life on Avenida Caetano and how they influence community health in this urban Brazilian community.

Keywords: community health, social determinants, urban health, ethnography

Resumo

A saúde comunitária é um conceito que engloba muitas facetas da vida além da saúde física de uma comunidade. A saúde comunitária refere-se à saúde coletiva, mental, física e emocional de uma comunidade específica, abrangendo todas as idades e gêneros dentro desse grupo. No Brasil, o modelo de saúde universal se concentra na atenção primária e profissionais de saúde comunitária. (Kahn, 2008; Gragnolati). Em uma

comunidade particular em Brotas, embora a comunidade tenha alguns recursos, ainda falta trabalho, educação, recursos financeiros e talvez também enfrente questões de violência e desigualdades raciais. Este estudo se esforça para utilizar a metodologia de observação participante, entrevistas e pesquisa para obter uma visão sobre o estado de saúde dentro de uma determinada comunidade. Esta comunidade particular tem uma parceria com uma universidade privada que a ajudou a estabelecer uma clínica e uma associação para educar residentes e fornecer serviços..

É através do envolvimento e participação nesta associação como professora de inglês e participante-observador na comunidade, que consegui me integrar, de forma compreensível, com a comunidade por três semanas para observar e aprender. Eu ganhei conhecimento sobre a disponibilidade de recursos, problemas de saúde e determinantes sociais da saúde e como esses aspectos influenciam a saúde dos membros desta comunidade particular de Brotas. Este estudo utiliza uma abordagem auto-etnográfica para aprofundar as intrincadas facetas da vida na Avenida Caetano e como influenciam a saúde comunitária nesta comunidade urbana brasileira.

Palavras-chave: Saúde comunitária, determinantes sociais, saúde urbana, auto-etnografia

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Introduction

Personal Relevance

As a student of Public Health and Environmental Studies, I originally sought to study natural and alternative medicine here in the northeast of Brazil, but after some research, it became apparent that this sector of medicine currently caters to a small, typically upper-class, portion of Brazilian society rather than as a source of accessible public healthcare. I wanted to focus on studying an aspect of public health that influences the lives of most ordinary, middle and lower-income Brazilians. Upon realizing this, I decided to conduct my experiential learning project in the Avenida Caetano community and focus on community health from an auto-ethnographic lens.

As a student studying abroad in Brazil, I was fortunate to have the wonderful opportunity of living with a host family in Salvador, Brazil. Over dinner conversations and in casual discussions, I learned that my host sister had studied nursing and currently worked with a low-income community in Salvador, the community of Avenida Caetano. As I learned more about the community, the opportunity of working there began to draw me, and my attention shifted to community health. I realized that I could conduct my auto-ethnographic study in this environment while offering any skills I could as a student, as well as focus on community health within the neighborhood.

"Effective care for most illness requires understanding the social conditions of one's patients." (Paul Farmer, 2013)

This quotation by Paul Farmer embodies why I place such value on the social conditions and ethnographic experience in this study of community health; the social facets, i.e. education, culture, employment, of the community are like the wheels that drive the car of public health. The medical community can simply react to health problems by treating them, but to truly solve them, it requires effort to understand and act on the social underpinnings that subsequently influence health outcomes.

Initially, I began my experience of auto-ethnography with the notion of focusing on the subject of community health and access within this particular community in

Salvador. Before delving farther into this reflection, it is important for us to establish a meaning for the term community health as it will be used in this analysis, since the term has various interpretations and is fairly new to the field of public health. The definition below of community health closely resonates with my own notion of community health as the status of health that incorporates social determinants and cultural factors that influence the various forms of health, such as social, mental, and physical. In their article, Goodman et al. (2014) cite Green and Ottoson when defining community health as "referring to '… the health status of a community and to the organized responsibilities of public health, school health, transportation safety, and other tax-supported functions, with voluntary and private actions, to promote and protect the health of local populations identified as communities.'" Additionally, Goodman et al. (2014) goes on to define a community in the words of Green and Ottoson: 'a group of inhabitants living in a somewhat localized area under the same general regulations and having common norms, values, and organizations.' In addition to utilizing these denotations, this study also takes an ethnographical approach to document and critically reflect upon the community health and access to health of this particular community. Therefore, as an auto-ethnography, some aspects of this study may simply provide observation and critical analysis of seemingly mundane experiences, although these tidbits may prove to be the most thought provoking and educational. Indeed, much of the focus of this ethnographic study sheds light on these social aspects of the community with some conventional biomedical observations, as well.

Literature Review

Background: Healthcare in Brazil

Community health refers to the collective health, mental, physical, and emotional of a specific community, encompassing all ages and genders within that group. Let us begin by discussing the general public health system in Brazil, which is evidently one of the most important factors of community health. In Brazil, the universal healthcare model focuses much on primary care and community health workers (Kahn, 2008). The introduction of these healthcare facets into the healthcare system in Brazil has had an

overall positive impact on the health of communities in the northeast of Brazil (Kahn, 2008). However, even with the focus on community health, it is necessary to realize that communities in Brazil face numerous challenges to health, especially due to social determinants.

Primary care refers to health care on a basic level as when an individual initially visits a doctor. Indeed, primary care is a particularly important facet of health and empowerment, because it is a major health need for communities and reflects political and social priorities of the population and government, as well. Brazil has an intricate history related to primary health that has led it to its current primary care system, known as Sistema Único de Saúde or SUS.

A Brief History of SUS

In Chapter One of the book entitled *Twenty Years of Health System Reform in Brazil*, the authors express that after the military dictatorship, there was a new impetus for expanding social rights and building reforms. Thus, the SUS was created in conjunction with new governmental principles that emphasized health being named as a citizen's right and universal access to health care considered an obligation of the state. The article essentially addressed what has actually been achieved since the SUS was established, as well as the challenges that still remain. For example, to work towards achieving the goals created in 1988, the government expanded the system, so that areas of specific disparities were targeted to receive health care. Furthermore, the various systems of health financing were integrated into a single public system for the entire population. The right to health became a constitutional right, and led to the reorganization of the entire system of financing health, so that new levels of government in turn improved coordination, but conversely became more bureaucratic, as well. In terms of determining how successful SUS has been in achieving its original objectives, some reports seem to express that the portion of the population that uses SUS has gone up quite a lot, along with the volume of services provided by SUS. While it seems that health access has increased, the question of efficiency and quality of care remain unanswered (Gragnolati et al., 2013).

Indeed, in the community of Avenida Caetano, the community has partnered with a private university, Faculdade de Tecnologia e Ciências (FTC). In doing so, nursing students visit the community once or twice a week and make visits to patients' homes. In addition, students may give presentations to residents regarding various health matters, such as depression or sexual health. However, this private partnership is not the sole source of healthcare for the families of the community. Upon asking a nursing student about where residents go for medical treatment, she responded that they do not rely on the student nurses visits; they will go to a public doctor and seek medical attention at a clinic or hospital. This is an example of a private source of healthcare becoming involved in the community and influencing community health, while at the same time, the community remains dependent upon SUS and public healthcare, especially for emerging health problems or more serious health concerns.

The report by Almeida et al. entitled *Health Sector Reform in Brazil* begins by identifying the major development gap identified in the UNDP report of 1999, which demonstrated a large gap between socio-economic groups when it came to access to resources, life expectancy at birth, education, etc. Almeida et al. points out that some health needs are present, due to geographical location. Indeed, Rasella et al. (2016) describes how travel time and geographical distance are often impediments when it comes to accessing health services in Brazil. Indeed, in the Avenida Caetano community, transportation was most definitely an issue for several reasons, such as geographical position, since the community is located on an incredibly steep hill or is sometimes inaccessible by bus during heavy rains. It is also difficult to drive through the community due to insufficient road infrastructure.

Paim et al. (2011) also provides an in-depth overview with historical context of SUS. The authors first discuss the development of SUS based upon the notion that health is a citizen's right. The objective of SUS is to provide care in a decentralized manner, in addition to promoting participation on various levels of administration from the communities and population. Health workers, as well as grassroots and societal movements, catalyzed the reform for the health sector. Another major point introduced was in regard to challenges faced by SUS—specifically, that states have a preference for the private sector and areas of development have more health services, while other areas

are underfunded. Lastly, the article discussed the numerous accomplishments of SUS, such as improving access to primary care and the universal coverage of vaccines, although the political challenges of formulating sustainable funding and models to address demographic changes in Brazil still exist currently.

SUS began due to the explicit change in the constitution that health was a *citizen's right*; the idea that universal healthcare was not a privilege, rather an *expectation.* I believe that this shift in literal dictation in the constitution, the addition of this statement of health access as a right, was a reflection of the sentiment felt by the population. Presently, SUS continues as the national, public health care model, providing free health services and education for Brazilians. Of course, problems exist within the system. I was speaking with one of Melanie's nursing students, who explained that SUS is essentially a wonderful program on paper but currently lacks the resources it needs to effectively serve the population. The wait time for a medial appointment can be up to one to two months. On the other hand, the existence of community health agents who are responsible for checking in with specific families and preventatively addressing health concerns is only possible because of SUS and likely improves the health outcome for numerous Brazilians.

The social determinants of health are also quite influential to the overall health of communities. As stated by Vlahov et. al, "this approach suggests that improving living conditions in such arenas as housing, employment, education, equality, quality of living environment, social support, and health services is central to improving the health of urban populations." (2007) The social factors of the community result in influencing health, since health is multifaceted. As explained by de Sousa and Haman (2010), "reforçava, para tanto, uma saúde como sendo não uma simples ausência de doença, mas como o 'estado de pleno bem-estar físico, mental e social: "To that end, it reinforced health as not merely a lack of disease, but as the 'state of full physical, mental and social well-being,'"

Objectives/Questions

I initiated this study with a largely blank canvas, in terms of having an extremely specific, quantitative research goal. However, knowing I would be conducting an auto-

ethnography and wanting to focus on community health, I began my study with a few objectives in mind. Firstly, I sought to study resource allocation and health access within an urban community setting. I essentially wanted to investigate the shortcomings and surpluses when it came to health care and the nature of how residents accessed care. Secondly, I sought to study the culture of health within the community—this objective was likely my broadest; I sought to study how this community discusses and learns about health, along with the relationships between health professionals and community members. I further sought to study how illnesses and sickness are treated in the community from a cultural perspective. This cultural component is important because our actions often reflect our cultural views, which would thereby influence health outcomes. My last objective was to study the role of the Association of Residents and how it influences community health, i.e. what challenges it faces, its strengths, etc. The Association of Residents is the organization where I conducted my work, as well as the organization that partners with FTC. We will discuss the role of the organization more in the following section.

Background of The Association of Residents

The Association of Residents of Avenida Caetano is an organization that was created to act as a sort of resource for the residents of the community. From my interviews, I gleaned that the Association is a place that is open for residents of the community to come for help. For example, people can come to the Association to get in contact with people who can help them with health issues. They may also come to the Association for health-screenings or to visit the nursing students. The Association has meetings, events, and classes, such as the Portuguese and English classes, as well as capoeira and boxing classes, for children and adolescents. The Association also works with outsiders who come to work in the community, such as Melanie and her students or other volunteers, such as Professora Victoria., the Portuguese teacher at the Association Essentially, the Association refers to the physical space and networking organization that strives to better the community. In the words of Maria, "the Association is not just for the directors, it is for everyone in the community." While there are a few residents who direct the work and organization of the Association, the Association is meant to serve the

entire population of the community. Of course, there are some members of the community who do not want it, according to Julie, some do not attend the meetings or presentations, but overall, the function of the Association is to better the community and act as a resource.

Description of Engagement, Methods, and Ethics

Description of Engagement

Over my time at the Association of Residents in the community, I learned a great deal, due to my mixed roles in the community. Mainly, I acted as the English teacher for the community; I taught English to the younger children for two hours every day, and then continued teaching English for the adolescents for another one to one-and-a-half hours. After these classes, I would usually stay in the community until the evening capoeira and boxing classes, which would take place two times a week. At these classes, I would normally participate, at least to the best of my abilities and to the amusement of the students, since I am not well versed in either capoeira or boxing. However, I would follow along with the instructor and try to help him/her maintain order if the class had a particularly large group of participants. Sometimes, I would also simply focus on filming and taking pictures of the classes.

Additionally, on some days (about once or twice a week), I would arrive at the community early with my host sister, and observe and/or participate with her medical work. On some days, she would make visits to the patients and treat them with her nursing or medical students. On days like this, I would accompany Melanie and her students on her visits and observe their work, as well as ask any questions I deemed important. On other days, Melanie and her students had pre-scheduled exams, such as women's exams in the morning. For these types of exams, patients who had signed up for the exams would come to the Association where Melanie, her students, and I had set up a makeshift exam room in the office of the Association. At these exams, Melanie would supervise and lead her students, while I would help as best I could, film, document, and observe. On another day, we had a health fair in the community, an all-morning event open to the entire community. At this event, I had the role of both volunteer and visitor, since I would assist the nursing students with setting up, take photos, entertain the children, as well as visit the different exhibits and learn from the various stations.

I would also like to point out another aspect of my engagement that was not

necessarily "work" in the conventional sense, yet influenced my auto-ethnographical experience immensely. While I was in the community, my project advisor and my host sister arranged for me to take my lunches at the home of a woman in the community by the name of Julie, due to the location and security of the community; this allowed me to remain in the community in a secure place without the hassle of returning to the community's location atop a steep hill. Julie welcomed me with open arms into her home and family; Julie's home was a sort of home-base for me, I would arrive in the community, talk with Julie and her kids, play games, chat, or dance with the family as Julie prepared lunch. If there were some time between classes, I could always go to Julie's home to wait or rest. It was through this intimate time with the family, immersed in their mundane activities and lives, that I was able to gain a sense of the mundane lives of the family members and perhaps the broader community. Of course, three weeks is not nearly enough to gain a deep sense of another's life, but I was thankful for the experience to at least gain a vivid glimpse into life on Avenida Caetano.

Methods

In terms of how I completed my work and observations in the community, I utilized several different methods. Specifically, for my classes, I would decide on 1-2 focus themes for each day for my class of younger children and one theme for my class of adolescents. I would decide on approximately two activities that would help me teach the theme of the day, however these activities were quite fluid and subject to change depending on the interest, attention level, and number of students (See Figure 1). For the adolescents, my lessons were often one-on-one or more similar to tutoring, since I only had 1-3 students in the class, in addition to the numerous children who came to observe or play in the Association during the English class for adolescents. Each day, I would write notes in my journal regarding the events of

Figure 1

the day, observations, my own conjectures, and any other important information. At the end of each day, I would create a video journal regarding the day by using my notes from my journal and reflecting on the day. I would use a recording feature on my laptop, and this method of video journaling was quite useful for me, because of the conversational nature of my video journals; as I discussed my day using my computer, I could also reflect and speak about insights, goals, and questions. Perhaps it was the fact that I could speak about even small details, because I was not confined to what I was able to write in a certain amount of time, but I enjoyed trying this different method of journaling, especially since I used the written notes as a sort of guide for my videos, which went into more detail about my day. I also tried to create one of my daily videos at the Association to capture a different setting and perspective; while I had to make another at home to really accurately discuss the entire day and reflect, this short video (which included some of my students) did implicitly provide much information simply because of the nature of the filming, the setting, the presence of my students, etc. However, due to the complicated nature of trying to reflect and focus whole-heartedly on a video while supervising children, I found it best to take photos and video of events at the Association and continue making video journals at home.

Furthermore, I conducted five interviews over the course of my study. My interviews normally lasted about 12-20 minutes and included questions ranging from describing a typical day for the interviewee to discussing problems in the community to the role of the Association. Upon gaining written consent for an interview, I would use my list of prepared questions translated into Portuguese and conduct my interviews in the location chosen by the interviewee at a time convenient for the interviewee. I also recorded the interview audio for later transcription, translating, and use. I tried to make these interviews conversational rather than interrogative; for this purpose, I tried not to take excessive notes during the interview, kept my body language open, and sometimes followed up on responses with related questions. A list of subjects interviewed can be found in the Appendix section of this analysis.

The population on which I decided to focus was the residents of the Avenida Caetano, regardless of age or gender. I felt that with my work at the Association along

with observing Melanie's health-related work, it made logical sense to study the entire group of residents of the community, especially with my focus on community health, rather than solely women's or children's health.

Ethical Considerations and Fieldwork Ethics

In terms of ethical considerations and fieldwork ethics, it was important for me to be aware of my own presence in the community and try to perceive the effect of my presence, my identity, and work on the residents. In addition, as a sort of guest in the community, I put much effort into trying to mitigate my figurative material "footprint" in the community. For example, one challenge I faced was deciding how much I could and would invest on classroom supplies and materials. For one thing, materials were quite limited for the classes. In an interview with the Portuguese teacher, she explained that she solely buys the materials for the class. However, upon arriving, I found no working whiteboard markers and limited paper for the students. In this situation, I bought the basic materials, such as whiteboard markers, crayons, and some black permanent markers, and also brought paper that my host family offered. Part of me considered buying more supplies for the students, simply because I wanted them to have access to more materials. However, upon considering this, more implications of this action surfaced; I realized that I did not want to portray the role of a temporary gift-giver, as though my purpose in the community was simply to provide material goods. I wanted to gain their respect through my lessons and my conversations with the students, rather than through objects. Additionally, I realized that Americans already have a reputation of being wealthy, which is relatively true for some Americans, but I did not want to perpetuate this stereotype by bringing in loads of class supplies, and I also did not want to create an unsustainable expectation for the children regarding the class materials. I felt it would not be fair to give numerous markers, colored paper, and other supplies that could not be replaced and therefore not sustained in the future.

Another facet of ethics during the study took place during my interviews—before interviewing individuals, I always tried to explain to them that I would be recording the interview on my phone. Additionally, I also distributed the consent forms with

signatures. In medical settings, such as during the women's exams, I did not take pictures of the patients of course. I took pictures during the setting-up process and took pictures of Melanie and her students. For some of the home visits, I took pictures of Melanie working with the patients, but would of course be careful about using those pictures in a report such as this or any other type of public document. When quoting interviewees, I am also utilizing pseudonyms to protect the identities of these individuals, as well.

Lastly, I also strove to simply not overstep my job as a teacher in the community. Of course, I could likely have asserted more rigor as a strict teacher in the classroom, but I did not want to impose my own cultural views on the students more than necessary, and therefore tried to remain open to learning from my own students as well as teaching them words, grammar, and aspects of English that were not necessarily drenched with cultural connotations.

Critical Reflection on Experience

Nature and Quality of Education

Over the course of my time working in the community and reflecting on the experience afterwards, several themes emerged based on my observations, experiences, and reflections. In this section, we will delve into these major themes of observations and subsequently delve into analysis of the aforementioned themes. Firstly, one of the main components of the community's health, particularly that of the children, rests on the foundation of education. During my time with the community, I began to discern a more and more vivid conceptualization of the quality of education in this community. During an interview with Julie, she expressed that she considers the education in the area to be fairly weak; there are sometimes not enough teachers, classes are not always regularly scheduled. Additionally, Julie's daughters did not attend school during the three weeks that I was in the community, due to a strike of the teachers. While it is understandable that the teachers may have to strike to meet certain demands, I found myself wondering about how much material the students were missing and if this material would be made up later or simply left out of the curriculum.

One of my adolescent students jokingly mentioned that she only attends two of her three classes, and Julie's son confided in me that some students do indeed skip class. While this may or may not be true, the candid nature of my adolescent student leads me to think that class skipping is not a rare occurrence, which subsequently implies that students may not place very much utility or value in class attendance or that the class material is not quite engaging. Furthermore, Maria told me in an interview that she also considers education to be a problem in the community. Indeed, the Association served as a school in previous years, however the school was moved down the hill to another area near the local bus stop, and the Association was closed for numerous years. Now the Association has opened again and serves the community, but the history of the Association serving as a school is compelling and leads me to ponder why the school was moved in the first place. Additionally, I mentioned earlier that materials for the classes are very scarce; Victoria mentioned that she buys all of the materials for the class herself,

and I also faced this issue firsthand when I decided to buy whiteboard markers, posters, and paper for the class, in order to effectively teach. In analyzing the cause for this lack of resources, one may come to several hypotheses. Perhaps, there are simply not the financial resources for the classes in comparison to other needs of the Association, such as the supplies for health exams or even basic supplies, such as fans or chairs. Perhaps, the teacher wants the students to bring their own materials for classes in the Association; this is likely true in some ways, since the students would get scolded by adults for not bringing pencils or notebooks, the bare class necessities, for class. These are just a few possibilities for the lack of class materials, but the major cause stems from the sheer lack of financial resources and support for the community.

Another facet of education that I observed was an actual classroom setting. During my time at the community, Maria arranged for me to spend a morning observing the nearby private school for young children. Upon entering, I observed the Capoeira class and continued observing the school for the rest of the morning. I noticed that the demographics of the school were different from the rest of the community living on Avenida Caetano and my own English class, since most of the students would be considered white with only a few black and brown faces among the classes. This observation of so few students of color in the class is not rare according to the literature, and could lead to subsequent inequities, in terms of jobs and higher education. As Arias et al. (2004) puts it, "while equalizing access to quality education is key to reduce racial earnings inequality in Brazil, specific policies are also needed to facilitate equal access of non-whites to good quality jobs," implying that the education and job sectors contain a significant racial inequity. Overall, my observations imply that the community's quality of education is lacking and is also impacted by certain social and racial influences.

Physical Location and Access: Anthropology of Space

The location, setting, and physical features of the community were aspects of the community that I noticed with each day's commute; these aspects contribute immensely to the health of the community, as our interactions with our space and surroundings impact our actions and lives to a great extent. As explained by Vlahov et al. (2007), "the

relevant features of the physical environment that are particularly important to urban areas include access to safe drinking water, sanitation, drainage, and garbage collection; also important are air and noise pollution and the built environment." For example, like many other low-income communities in Brazil, including favelas, this community was located higher than the major roads and stores nearby. In order to access the community by foot, I could either climb many steps or I could climb a steep hill to the top of the community, which was shorter but also a bit more difficult. Several issues arose from this physical locale: First, I found myself wondering how elderly, disabled, or sick individuals were able to traverse the hill to access the stores, bus stops, and other locations below the community. Furthermore, whenever I would come with my host sister to the community by car, it would be quite difficult to navigate the narrow roads, obstacles, and trash in the community. At Julie's house for lunch, there were many instances of either a car or truck trying to pass, but the road remaining too narrow due to a parked car or another obstacle; this would then spark an entire chain of events, in order to alert the owner of the car blocking the road to move or to find a family member to move the car, and much time spent waiting on the part of the driver trying to pass through. While cars and trucks have difficulty passing through the community (see Figure 2 above), I also observed that the community did not have numerous cars, given the number of families, which could imply that most families may use motorcycles or public transportation. Additionally, since the road is incredibly steep, cars and motorcycles must descend the slope extremely carefully, especially since manual vehicles can slip. When cars pass through the community, people are cautious and move out of the way, because of the danger of the cars slipping or losing control.

Figure 2

Furthermore, during times of excessive rain, for example, the community floods and access to the community becomes even more difficult. For example, one day during

my CSP, my project advisor sent a message telling me not to come in that day, because the community was inaccessible and essentially flooded. Indeed, Julie and her youngest daughter were describing the flooding, and Julie claimed that an older women next to her almost fell and would have been carried by the water, because she could not swim. While excessive rains, such as these, seldom occur, even average levels of rain have a negative impact on the roads. Due to construction at the top of the community, runoff saturated with sediment and construction material pours down the road, making it more slippery and difficult for people, cars, and motorcycles to traverse. We can also consider the numerous health and sanitation implications of the rain: the piles of trash became saturated with water, the waste and dog feces in the street are mixed with water, causing bacteria to spread and more likely to contaminate other places. Furthermore, during times of rain and flooding, I also realize that accessing health or hospital services would become even more challenging. When considering this issue of the road infrastructure and the tendency for flooding, I found myself wondering about the causes and possible solutions. Perhaps the community was somewhat unplanned in its infancy, i.e. the original planners of the community may not have adequately considered how much the community would grow or foresee problems, such as flooding or a need for a wider road for a car. Additionally, I think that the community does not receive much financial support from the government for timely improvements for issues, such as road infrastructure or timely updates or improvements for the structures of homes in the community, which are also in need of some structural renewal. In interviews with Maria, Israel, and Melanie, the issue of trash was brought up as a problem for the community, as well. Apparently the trash is collected three times a week, which is not meeting the needs of the community, as demonstrated by the piles of trash in the road. To solve this issue, the trash could be collected more times during the week, which would cost more for the municipality, but would improve the sanitation of the community. Or devices for collecting trash, such as large trashcans that could store trash and be gradually filled, could be distributed to the community, although this would also require financial investment by the government, as well. In summation, my observations regarding the physical setting of the community helped me realize the interwoven issues of sanitation and health with the physical conditions of the community.

Health Observations

Another major theme of my observations and reflections surrounded the theme of health, in the more traditional connotation of the word, in the community. In all of my interviews, the interviewees claimed that the work of the nursing students and medical students was quite impactful and important to the community, and indeed, my observations also paralleled the views of the interviewees. I remember observing Melanie and her students on the way to a home visit, and a family noticed Melanie passing by their door, and called out to her to stop. A man in the family had a problem with his finger and asked Melanie to take a look. It was evident that the family knew Melanie well and trusted her. I found myself thinking that this sort of strong relationship with a health professional in the community is probably quite beneficial to the community, because individuals are more likely to come forward to discuss their health problems with someone they often see in the community and know, rather than wait and make an appointment with a doctor they may not know well.

Also in regard to health, many interviewees also discussed the problem of young, teenage pregnancies in the community. Victoria even told me that I was teaching many of these girls' children in my classes. In analyzing this issue, I found myself questioning why the issue was treated as a one-gender issue; even in the United States, we tend to talk about *women* who get pregnant at a young age, we do not talk about the young *men and women* who have children young, as if pregnancy involves solely one person. In addition, the community seems to be trying to combat the issue. For example, the day of the health fair, I spoke in my daily video journal about the exhibition on sexual health and sexually transmitted diseases. I also spoke about the fact that the booth had both male and female condoms to distribute, which was quite progressive, since female condoms are relatively young. However, I also mentioned in my video journal that younger adults and teens might have hesitated to take the condoms knowing that others would see them and possibly make judgments or assumptions, especially considering the nature of the community where everyone knows each other. Or perhaps young adults simply did not want others to know if they if were sexually active. Nevertheless, the issue of young pregnancy is prevalent and the community is trying to combat the issue,

which is quite beneficial, but maybe more effort and education is needed to improve this aspect of community health.

Many of my health observations came from my daily lunches at Julie's. Numerous times, I talked to her about her health challenges and her daily routine, and I started to consider the plight of the family mother. By the term "family mother," I mean the sort of Brazilian, and frankly many other nationalities, mother who takes care of so much in the household, regarding the cooking, cleaning, and children, that little or no time is left for herself, self-care, or even mental and social well-being. In our interview and conversations, Julie often mentioned that she had many things to complete and little time for herself, even with some help from her children. Especially since she sells pizzas and small bread pastries, Julie is often busy with cooking, cleaning, and watching her younger children. In working so profusely for such a prolonged period of time, I feel this leads to an exacerbation of health problems. Julie had difficulty sleeping at times, occasional stomach and neck pain, and discussed the lack of time to put effort into her appearance, which subsequently influences confidence and mood. I began reflecting on this and considered how often I have observed cases of this "plight," an even in my own personal life, as well. I feel that the culture in numerous countries is a large driving force behind this phenomenon, an implicit socialized societal expectation that women are responsible for the home-related duties. In a study by Carvalho et al. (2015), the authors discuss the possibility that early family socialization of girls in their duties at home influences their educational performance. If this is the case, this socialization and conditioning that occurs at such a young age for daughters likely also influences later expectations for behavior regarding household responsibility, as well. Perhaps a more equitable lifestyle would include the mother and partner dividing the household duties more or investing in technology that would save mothers time and energy on necessary tasks. In any case, health and lifestyle are intricately linked, and improving one factor could improve the other, and thereby improve the health of the community, as well.

Conclusion

As I reflect on this wonderful experience, the smaller mundane observations come to mind initially. After only a week of working in the community, when I climbed the steep hill into the community, various students would greet me along the way. They would greet me with smiles and energetic leaps, asking me if we were having class that day. I was always pleasantly surprised by their loving and welcoming personalities, which resulted in me learning a great deal from my students about the community and about myself. My main project at the Association was to create two posters with my class, one focused on a healthy lifestyle and the other on good habits. The first poster was successful but of course also challenging, since I was still fairly new to the Association.

Over the course of those three weeks, I learned about my students and their lives, a great deal of Portuguese through immersion, and about life in the community through my ethnographic observations, interviews, and participation. Helping and observing Melanie's work with her students also provided a sort of health-tinted lens through which to look at the community, giving me insight into health and the culture surrounding health in the community. I felt as though all of the facets of life I observed and in which I participated helped me create a sort of theoretical web of community health, in which all of the various social determinants of health could be considered separately using interviews, observation, and research, but were also inextricably linked together, forming an overall web of community health on Avenida Caetano. It would take numerous pages to include the many observations and reflections of this experience, but my major findings and analysis imply that the community on Avenida Caetanu is not necessarily an unhealthy community. However, various factors, such as physical environment and education, could be improved to benefit the overall state of community health among the residents.

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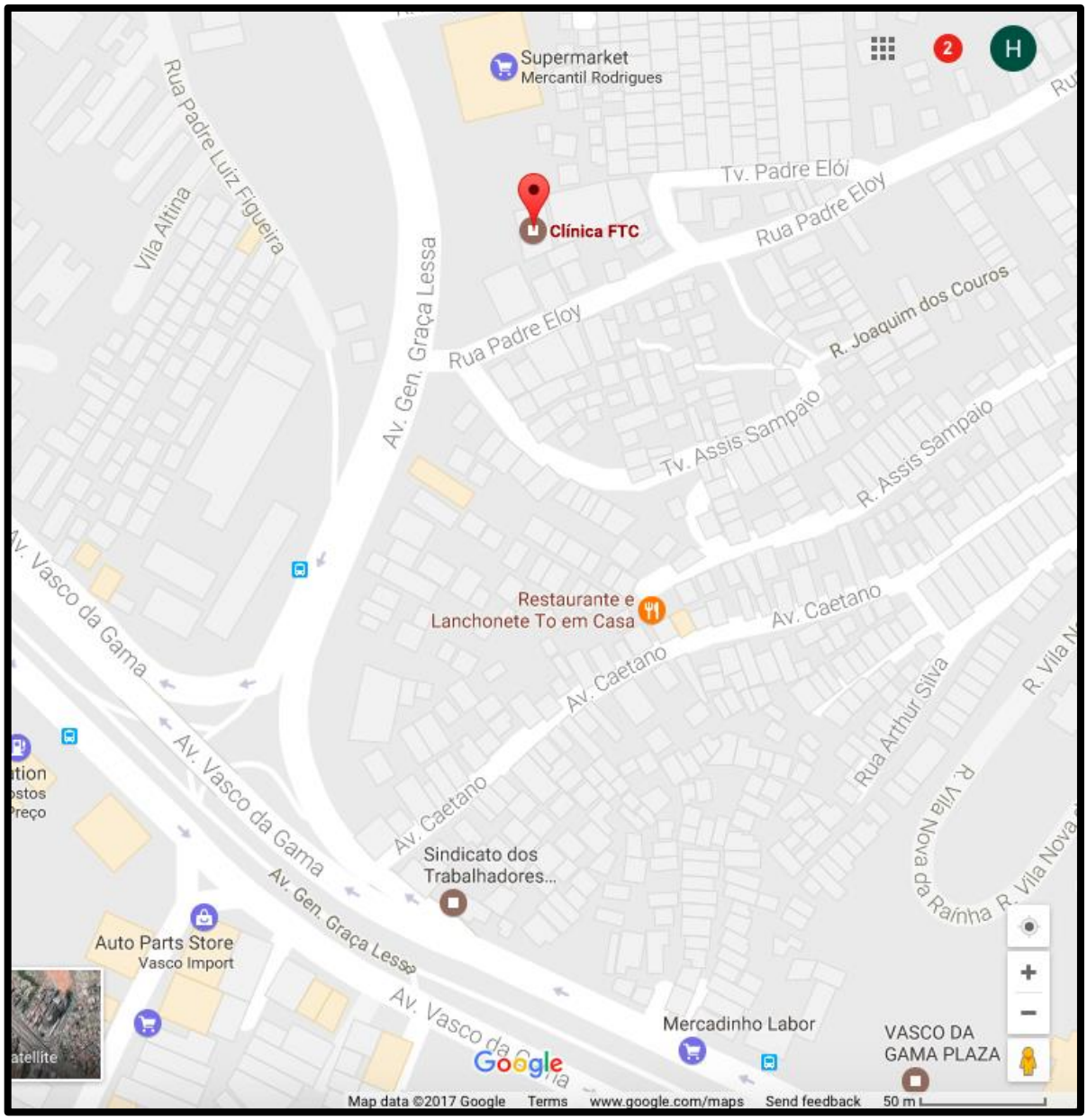
Appendices

Google Map of Avenida Caetano in Brotas, Salvador, Brazil



Interviews Conducted

- Melanie, Nurse and Teacher of Nursing
- Julie, Community Member
- Israel, Community Member
- Maria, Director of Association
- Victoria, Teacher in Association

Interview Questions (During interviews, questions were translated into Portuguese)

1.) Could you please introduce yourself, and tell a little bit about yourself, your family, your work, etc.?
2.) Could you describe a typical day for you?
3.) Can you describe your community here? What is life like in this community?
4.) How do you think the health of the community is here?
5.) What are some problems that you face in the community?
6.) Are these problems improving? Why and how?
7.) What is the role of the association of residents?
8.) Melanie sometimes comes to the community with her students? How does her work help the community?
9.) What is one thing that you think would improve the health of the community?

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Termo de Consentimento Livre e Esclarecido

Prezado(a) Senhor(a)

Gostariamos de convidá-lo(a) a participar de nosso estudo: **Um olhar sobre a saúde comunitária – Um estudo sobre saúde comunitária e o seu acesso dentro de um contexto urbano brasileiro**, que tem como objetivo **estudar alocação de recursos e acesso a saúde dentro de comunidades urbanas no Brasil; estudar a cultura da saúde dentro da comunidade; e estudar o papel da Associação e como ela influencia a saúde da comunidade (quais desafios enfrentam, seus pontos fortes, objetivos, etc)**.

O estudo, consistirá na realização de entrevistas, observações e/ou participações junto as atividades da entidade parceira e posteriormente haverá a análise do conteúdo destas entrevistas e/ou observações. Será conduzida dessa forma, pois pretendemos trabalhar com a experiência de vida dos(as) participantes do estudo.

Trata-se de um estudo, desenvolvido por **Harleen Kaur Bal**, orientada pela sra. **Marcia Brito**.

Garantimos que, a qualquer momento da realização desse estudo, qualquer participante e/ou estabelecimento envolvido, poderá receber esclarecimentos adicionais que julgar necessários. Qualquer participante selecionado(a) tem o direito de recusar-se a participar ou retirar-se do estudo em qualquer fase do mesmo, sem nenhum tipo de penalidade, constrangimento ou prejuízo. O sigilo das informações pessoais dos participantes será preservado, especificamente, quanto ao nome, à identificação de pessoas ou de locais. Todos os registros efetuados no decorrer deste estudo serão usados para fins acadêmicos e serão inutilizados após a fase de análise dos dados e de apresentação dos resultados finais na forma de monografia ou artigo científico.

Em caso de concordância com as considerações expostas, solicitamos que assine este "Termo de Consentimento Livre e Esclarecido" no local indicado abaixo. Desde já agradecemos sua colaboração e fica aqui o compromisso de notificação do andamento e envio dos resultados deste estudo.

Qualquer dúvida ou maiores esclarecimentos, entrar em contato com a responsável pelo estudo:
e-mail: gabriela.ventura@sit.edu **Telefone:** (71) 99719.6010 (do SIT Study Abroad: Brasil-Saúde Pública, Raça e Direitos Humanos).

Aluno: Harleen Kaur Bal Estudante no Programa do SIT Study Abroad: Brasil-Saúde Pública, Raça e Direitos Humanos _____ , _____ de _____ de 2017. (cidade)		Orientadora: Gabriela Ventura _____ Orientador: Ismael Saavedra _____ Orientador(a): Marcia Brito

Eu, _____, assino o termo de consentimento, após o esclarecimento e da concordância com os objetivos e condições da realização do estudo "**Um olhar sobre a saúde comunitária – Um estudo sobre saúde comunitária e o seu acesso dentro de um contexto urbano brasileiro**", permitindo, também, que os resultados gerais deste estudo sejam divulgados sem a menção dos nomes dos participantes.

_____ , _____ de _____ de 2017.	
(cidade)	Assinatura do Entrevistado(a)