

PREVENTION OF ZIKA VIRUS INFECTION IN INDIGENOUS PREGNANT WOMEN

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Resume: Considering the growth of the indigenous population and taking into account their social structure and housing conditions, areas of great exposure and great climatic influence to the Zika virus were observed in the Amazon region. Raising infection in pregnant women and vertical transmission, causing microcephaly and neurological diseases in babies born in indigenous rural areas. The work proposes individual and collective prevention guidelines through the promotion of health education, so that there is control of the exposure of indigenous pregnant women. It was also essential for the preparation of this document to review the literature, where data was sought from the IBGE regarding indigenous population indices in Brazil and also from the SciELO and Google Scholar databases.

Keywords: Education; Health; Microcephaly.

February 2017 and it was observed that the list of women who are willing to use the means of prevention are:

INTRODUCTION

In view of the scarcity of information and preventive health education interventions for the indigenous rural population, we came through this work to encourage and produce information for indigenous prevention, to alert the importance and severity of one of the pathologies that had already been considered public health emergency. Given the lack of access by this population to the 3 levels of health provided by the SUS and also the lack of CASAI. We found the lack of professional scientific training and the lack of professionals working in these more isolated regions, increasing the inability to support, without the possibility of a good quality of life for this indigenous population and good prenatal care for these pregnant women.

PROBLEM

According to studies carried out in the city of Propriá, SE, 177 women were interviewed during the period from November 2016 to

Variable	Category	Variable		QR(IC95%)	p
		mosquito net			
		No (%)	Yes(%)		
Instruction	1° grau	30(31,9)	42(50,6)	0,20(0,06-0,68)	0,011
	2° grau	50(53,2)	37(44,6)	0,39(0,12-1,27)	
	3° grau	14(14,9)	4(4,8)	1	
Area	Rural	5(5,3)	29(34,9)	0,10(0,04-0,29)	<0,001
	Urbana	89 (94,7)	54(65,1)		
long clothes					
Orientation Professional	Not	64(64,00)	21(21,27)	0,21(0,11-0,40)	<0,001
	Yes	36(36,00)	56(72,73)	1	
Departures from home	Yes	14(14,00)	28(36,36)	3,51(1,69-7,29)	0,001
	Not	86(86,00)	49(63,64)	1	
Repellents commercials	Not	54(54,00)	23(29,87)	0,36(0,19-0,68)	0,002
	Yes	46(46,00)	54(70,13)	1	
Historic of arbovirus	Not	84(84,00)	54(70,13)	0,45(0,22-0,92)	0,042
	Yes	16(16,00)	23(29,87)	1	
Baby with Microcephaly	Not	90(90,00)	53(68,83)	0,25(0,11-0,55)	<0,001
	Yes	10(10,00)	24(31,17)	1	
Screens					
Washing machine	Not	90(54,55)	2(16,67)	6,00(1,28-28,2)	0,014
		75(45,45)	10(83,33)	1	
commercial repellents	Not	76(46,06)	1(8,33)	9,39(1,19-74,4)	0,013
	yes	89(53,94)	11(91,67)	1	
electrical repellents	yes	14(8,48)	7(58,33)	0,07(0,02-0,24)	<0,001
	Not	151(91,52)	5(41,67)	1	
long clothes	yes	68(41,21)	9(75)	0,23(0,06-0,9)	0,032
	Not	97(58,79)	3(25)	1	
Instruction	Basic	72(43,64)	0(0)	-	
	Medium	77(46,67)	10(83,33)	0,96(0,19-4,82)	
	Higher	16(9,7)	2(16,67)	1	
Electric repellent					
Instruction	Basic	70(44,87)	2(9,52)	0,04(0,01-0,24)	0,002
	Medium	75(48,08)	12(57,14)	0,25(0,08-0,78)	
	Higher	11(7,05)	7(33,33)	1	

Table 1. Relationship between preventive measures and social and behavioral variables.

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Variable	Schooling						Area			
	Fundamental		Medium		Higher		Rural		urban	
	n	%	n	%	n	%	n	%	n	%
repellents	26	36,0	59	68,0	15	83,0	16	47,0	84	59,0
mosquito nets	42	58,0	37	43,0	4	22,0	29	85,0	54	37,0
Clothing	20	28,0	43	49,0	14	78	14	41,0	63	44,0
screens	0	0,0	10	11,0	2	11,0	3	6,0	9	8,0
insecticides	21	21,0	42	44,0	10	56,0	10	29,0	33	44,0
citronella	6	8,0	18	20,0	6	33,0	5	14,0	25	17,0
Products										
homemade	18	25,0	19	22,0	2	11,0	5	14,0	34	24,0
repellents										
electric	2	3,0	12	14,0	7	39,0	1	1,0	20	14,0
repellents										
spiral	17	24,0	16	18,0	3	17,0	3	9,0	33	23,0
Total	72	100,0	87	100,0	18	100,0	34	100,0	143	100,0

Table 2. Relative frequency of measures adopted by pregnant women in the municipality of Propriá, SE, according to social criteria.

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		indigenous (%)	Not indigenous(%)
		n=158	n= 203
Age ranges	0 to 6 days	22,2	52,2
	7 to 27 days	10,1	9,4
	28 to 364 days	67,7	38,4
	Total	100,0	100,0
Chapter ICD-10	I. Some infectious and parasitic diseases	17,1	7,4
	IV. Nutritional and metabolic endocrine disorders	8,9	3,4
	VI. Nervous system diseases	2,5	0,0
	X. Respiratory system diseases	17,1	4,9
	XVI. Some infections originating in the perinatal period	29,7	51,2
	XVII.Malf.cong. and formid. And chromosomal anomalies	6,3	18,2
	XVIII. Feel signals and find. Abnormal ex.clin. and labor	18,4	8,4
	Other causes (ref. To other chapters)	0,0	6,4
Total	100,0	100,0	

Table 3. Proportional mortality of indigenous and non-indigenous children:

Source: Mortality Information System (SIM/DATASUS)

Analyzing the variables and observing the percentage of women who have already acquired some arbovirus and have a child with microcephaly, we can see the difference in the exposure of pregnant women in rural areas, where indigenous women residing in an even more isolated region with a lack of information for the prevention of this pathology that has been not only a health problem, but a social and economic one. The discrepancy in numbers shows us the need for intervention and prevention work for this population.

JUSTIFICATIVA

The analysis of data proposed by the work of regulated institutions demonstrates its importance and the lack of information in this health sector. Lack of encouragement and high rates of illness or infection originated in the perinatal period of this population, is the main concern proposed by this project, seeking quality primary health care, continuous health education, means of prevention through guidance in areas of greater exposure and the control of Zika infection as a means of preventing neurological diseases and congenital malformations in indigenous children.

GENERAL AND SPECIFIC OBJECTIVES

Demonstrate through bibliographic analysis the need to raise awareness of the indigenous population for their health rights, preserving and continuing their collective identity. Achieve the awareness of indigenous pregnant women for the problem of Zika infection, bringing an understanding of the need for preventive measures, offering this population a great social change.

METHODOLOGY

This is a literature review, which sought

data from the IBGE. Data from the years 2010 to 2018 was prioritized, as more up-to-date data were not found. For that, we searched for articles and publications related to the theme in the SCIELO database, GOOGLE ACADÉMICO, MINISTRY OF HEALTH and SAMPLE OF ARTICLES FROM PUC DE GOIAIS. Samples of articles that were not consistent with indigenous health were not excluded, due to the scarce amount of information on the content, articles on the health of pregnant women in rural areas were revealed. After dynamic reading, the articles were saved and read in full to gather information relevant to the objectives of this study.

EXPECTED RESULTS

Given the dynamics addressed through the interventions proposed in the work, there are techniques used in family health, holistic techniques for interventions where they feel familiar (respecting their culture and rituals) and techniques in health education. Thus projecting the return of awareness, changes in habits, health and disease prevention to this population with a focus on indigenous women.

FINAL CONSIDERATIONS

The study conducted in this work does not provide data from a population that is more disadvantaged in health education and access to primary health care in rural areas. Seeking a unique way to analyze data with a focus on the health of indigenous pregnant women, we investigated recurrences in data scientific research to rural regions, demonstrating the necessary attention to the indigenous population through health education, stimulating the prevention of infection by Zika Virus in indigenous pregnant women, eradicating the negative future impacts to this population.

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