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INTEGRALITY AND HEALTH CARE UNDER AN AFROREFERENCED APPROACH: CHALLENGES AND PERSPECTIVES

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INTRODUCTION

The purpose of this work is to reflect on the integrality of health care for the black population, based on an Afro-referenced approach (MACHADO 2019,2020) and considering the specificities of this population group, as pointed out in Ordinance No. 992, of May 13, 2009, which establishes the National Policy for the Integral Health of the Black Population (BRASIL, 2009). The motivation and justification for the research come from the first author's place and his experiences as a black man, who is a capoeira practitioner (Ilê de Angola), a master's student with a scholarship in public health through the affirmative action policy for black people (ISC-UFF), a psychologist working at the Jurujuba Extended Mental Health Outpatient Clinic and co-founder of the N'AYA collective of psychologists¹, he seeks to contribute to broadening the understanding of health and comprehensive care, using the philosophy of ancestry (OLIVEIRA, 2012) as a theoretical-practical operator.

We consider health care praxis to be a process that gives importance to both the form and content of what is being produced, in the sense that it refers to ethical, intersubjective thinking and doing (CASTIANO and NGOENHA, 2010), with a political impact and integrating theoretical possibilities with practical applications and effects. In the scope of this work, we will focus mainly on the original worldview of African and indigenous praxis. With this in mind and in this context, we seek to circumscribe possibilities and challenges and multiply conceptions about care, Afro-Brazilian civilizational values, engaged thinking and comprehensive health care, which take into account, from their formulation to their application, the theoretical and practical contributions, as well as the challenges, of black population specificity.

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The particular perspective that philosophy strives to cultivate is, in our view, that of engagement in a reflection on the human condition [...] Our philosophical thinking, engaged by Mozambique and Africa, pushed us towards the emergence (in its two senses: <<emerge>> and <<urgency>>) to doubt this history and seek the foundations not of a history and human condition objectified by the slave traders, the colonizers and, today, by the globalizer, but by the Mozambican and African epistemic subject. (CASTIANO E NGOENHA, 2010, p. 7)

BACKGROUND AND JUSTIFICATION

Cosmophobia (SANTOS, 2023), or the monotheistic Euro-Christian paradigm (SANTOS, 2015), is the problem we prioritize discussing and for which we seek to point out care alternatives/strategies based on the original worldview and origin of African and indigenous praxis (CASTIANO, 2010, 2013; SANTOS, 2015, 2023; SANTOS 2019; TRINIDADE, 2010; OLIVEIRA, 2012; MACHADO 2019, 2020).

Based on Cida Bento (BENTO, 2022), we can think of cosmophobia as the background to this tacit agreement that the author calls the "pact of whiteness", which systemically shapes a racist and Eurocentric culture.

UNDERSTANDING CARE IN THE BRAZILIAN HEALTH REFORM/SUS

Ayres (2004), based on a reading of Heidegger's existential ontology and Foucault's notion of "care of the self/cura sui", understands care as

[...] humanized conformation of the care act, distinguishing it from those that, for various reasons, do not aim at this expansion and normative flexibility in the therapeutic application of health technosciences [...] in the existential sense of the experience of illness, physical or mental [...] (p.7)

Pinheiro (2009) deals with the everyday expression of care. For her

[...] 'care' consists of a way of acting that is produced as an 'experience of a specific and delineated way of life' by political, social, cultural and historical aspects, which translate into 'practices' of 'space' and the 'action' of 'citizens' on 'others' in a given society.

Both Ayres (2004) and Pinheiro (2009) provide important understandings and dimensions of health care as a vital condition for human beings. The authors differentiate between care through the lens of integrality, as an inalienable right, and market care, as a service/product, which is more concerned with generating profit and maintaining power relations.

This perspective of care exposes a field of disputes, in the sense that:

The construction of 'integrality' as an end in the production of citizenship of care, necessarily implies a willingness to work from an open plane of possibilities, which is what makes this category so particularly polysemic and polyphonic. [...] (PINHEIRO, 2009)

We are aware of an important challenge in this dynamic, which "[...] is the distance that exists between the formulation of proposals and policies and their effective realization. [...]" (AYRES, 2016, p. 9). In this sense, both authors, although they talk about the plurality and specificities of forms of care, refer to care from a Western historical perspective, both in relation to the term, which comes from Latin, and its theoretical references, which go back to ancient Greece (AYRES, 2004; PINHEIRO, 2009).

Another important criticism is the status of the human addressed by these authors. At a certain point, they seem to summarize care as "the way humans are" (AYRES, 2004, p.6). Even though they are open to multiple constructions of meaning and even though

it is not a simple elaboration, they do not present other ways of conceiving care that are not Western-European.

NATIONAL COMPREHENSIVE HEALTH POLICY FOR THE BLACK POPULATION (PNSIPN)

The National Comprehensive Health Policy for the Black Population (BRASIL, 2009) represents an important milestone in recognizing the specific health needs of the black population in Brazil. Since its creation, the PNSIPN has sought to tackle the profound racial inequalities that permeate the health system, promoting the inclusion of ethnic-racial issues in public policies. Despite these advances, disparities in terms of access, economic conditions, education and health between black and non-black populations continue to grow, as recent analyses show (BRASIL, 2023; BRASIL, 2017).

The effective implementation of this policy faces significant challenges. Data shows that although there has been progress in the formulation of laws and guidelines at a macro-political level, the implementation of these policies in the daily lives of the black population is still incipient. This raises the question: what can be done on a micro-political level, given that macro-political laws and discourses alone do not guarantee the effectiveness of the proposals? The answer to this question lies in the need to ensure that access and participation of the black population are carried out in a systemic and daily manner, not limited to a "law for the eyes", but incorporated as concrete practices in care and professional training, as well as in the health system itself.

Despite the formal recognition of the importance of including knowledge and practices conceived and used by the black population in health care, the PNSIPN still lacks effective ways to guarantee this inclusion in

practice. The incipient implementation of the Ordinance and the low adherence of municipalities, as observed in the Ministry of Health's 2023 Epidemiological Bulletin, reflect these gaps. As the data highlights, only 12.3% of Brazilian municipalities maintained continuous PNSIPN actions between 2018 and 2021, indicating the obstacles in the process of implementing this policy (BRASIL, 2023). In addition, comparisons of the social determinants of health between black and white populations continue to indicate a significant increase in social disparities, highlighting the need for more effective and sustainable actions to promote racial equity in health (BRASIL, 2023).

COSMOPHOBIA: GENOCIDE AND EPISTEMICIDE

“[...] Cosmophobia is the need to develop, to disconnect, to move away from originality.” (SANTOS, 2023, P.27)

The hegemonic understanding of health is derived from certain premises that favor a certain human status. Understanding humanization as an offshoot of comprehensiveness, as proposed by the SUS, is important in terms of broadening this definition. Although it has a strong counter-hegemonic tendency - given the intention to consider subjectivation and the plurality of processes - ‘humanization’ is situated in a scenario in which whiteness has a lot of influence - which is proven by the very race/color of the authors who write about this field, or even those who constituted it, during the Brazilian health reform, in their theoretical-practical references.

The pact of whiteness, as well as the genocide of black people and racism and sexism in Brazil (BENTO 2022, NASCIMENTO 1978 E CARNEIRO, 2005), are mechanisms of a state - a monotheistic Euro-Christian state (SANTOS, 2015) - that finds ways to maintain social inequalities in order to preserve privileges

and social advantages disguised as innate virtues. The humanitarian and inclusive discourse is often a cover for perpetuating violence and oppression. Certain values such as competitiveness, individualism, profit, anthropocentrism, racial superiority, the fragmentation of processes and the dissociation of man and nature are constituents and operators of the monotheistic Euro-Christian worldview (SANTOS, 2015).

The ‘pact of whiteness’ is the systemic updating of the genocide (NASCIMENTO, 1978) and epistemicide (CARNEIRO, 2005) of black people over the generations. In this tacit agreement, development and humanization are synthetic responses that point to a disconnection with nature. Fear and guilt appear here as constituent dimensions of this worldview, whose main characteristic is cosmophobia (SANTOS, 2023) and which unfolds in a linear temporality that is supposed to be universal. Work and profit are, from this perspective, parameters of redemption and merit, respectively, which ignore the historicity of the unequal, violent and arbitrary accumulation of material and symbolic heritage by white populations through the colonization - expropriation and delegitimization - of black and indigenous populations, territories and knowledge (BENTO, 2022).

In this scenario, what are the effects on the production/conception of health care that purports to be plural, but is mostly based on and produced by Eurocentric references and white authors?

TRANSITION TO AN AFROREFERENCED APPROACH

When Roseni Pinheiro (2009), in the entry on health care in the Dictionary of Professional Health Education of Fiocruz's Joaquim Venâncio Polytechnic Health School (EPSJV), says that:

In today's world, **the practice of research is synergistic with the practice of care** [emphasis added] and vice versa, as everyday life increasingly shows the growing demand for 'care'.

I see the racialization of the debate as necessary. As an affirmative action, the PNSPIN (BRASIL, 2009) is a way for black people to claim recognition and appreciation of their Afro-diasporic contributions to the conception and production of health care, both in the past and in the present. With this in mind, in this paper we set out to bring this Afro-diasporic approach to thinking about health care.

AFROREFERENCED METHODOLOGY:

"[...] The Philosophy of Ancestry [...] aims to produce enchantment rather than concepts, changing the perspective of philosophizing. It aims to live with paradoxes rather than resolve them. It is more propositional than analytical. It is singular and claims its right to planetary dialog. [...] it is an analytical category that has contributed to the production of meaning and to ethical experience." (OLIVEIRA, 2012, P.30)

Africa has been presented to us by formal education systems as a homogeneous territory and people, marked by negativity - non-white. The philosophy of ancestry (OLIVEIRA, 2012) founds other possibilities for conceiving and relating to the world and, above all, to other perspectives of Africa - African and Afro-diasporic, respecting and valuing their differences² - plural and authentic. In the Afro-referenced perspective that we seek to build here, African knowledge in diaspora and from the African continent, as well as counter-colonial thought/action (indigenous,

2. Enslaved people from different ethnic groups arrived in Brazil from the African continent, as did the original peoples who lived here. Bantu, Nagô, Jeje, Ketu, are some of the best known and which converged from this nefarious meeting point. If it hadn't been for their knowledge and practices, added to indigenous knowledge and practices, they wouldn't have resisted to such an extent and in such a way as to keep the burning flame of axé (vital energy in Yoruba) or Ngunzo (vital energy in Kikongo) alive and burning, which never ceases to animate and illuminate their ancestors, descendants and everything that exists, through ancestry.

quilombola), are treated from an inaugural positivity; from their constitutive difference from the hegemonic model that stands as an ultimate necessity in current times (MACHADO, 2019).

In this way, diversity is present as a founding element of our coexistence. Plurality and otherness are not dimensions to be colonized, expropriated from our own knowledge and excluded from the possibility of encounters and confluences, as is the case with cosmophobia (SANTOS, 2023) and the various cides (MARTINS, 2021), which are responsible for the extermination of diversity.

In the face of human pretension, Nature has proved hostile and revealed the poverty of human approaches to the non-human. [...] Our elaborate theories are too simple to understand the complexity of the world: the environmental world, the social world and the psychological world. We have failed in the mad adventure of controlling nature. We have failed miserably at social and economic planning; at moralizing politics; at sanitizing the mind. Failures multiplied in the fundamentalisms that deny the Other the right to be who they are. (OLIVEIRA, 2012, p.30)

AYRES (2004) treats care as an ontological dimension of the human being, from a Heideggerian perspective. Starting from an Afro-referenced perspective, we intend not to dissociate the human being from nature, nor to occupy a hegemonic position of superiority. Unlike the monotheistic Euro-Christian vision of linear and teleological development, African philosophy values circularity and interdependence. With this, we seek to criticize the notion of progress as a single, linear path, bringing us closer to other ways of being and caring.

The Afro-referenced methodology is counter-hegemonic and is based on the ethics of involvement, collectivity and shared responsibility. From this perspective, aesthetics and enchantment are considered essential pillars for transformation, guiding training as a concrete and collective action. In addition, this methodology promotes an education focused on sensitivity and recognition of the other, valuing the subjective and affective dimensions in the process of building knowledge (MACHADO 2019; 2020).

[...] To think / reflect / have knowledge as *afroreferenciado* is to have tradition, ancestry as a guide, it is to recognize and maintain this ground that incessantly reinvents our existence in a world that continually denies our existence... *afroreferenciado* knowledge is respect for diversity, integration, tradition, and ancestry, the principles of African philosophy [...] (MACHADO, 2020, p.27)

ENGAGED THINKING

In Castiano and Ngoenha's (2010) work, *Pensamento Engajado: Ensaio sobre Filosofia Africana, Educação e Cultura Política* (Engaged Thinking: Essays on African Philosophy, Education and Political Culture), the authors unfold implication and autonomy in the production of knowledge. Intersubjectivation is highlighted as a value and attitude recognized in both the micro and macro-political dimensions, representing a commitment to ethical research that challenges researchers' individualism. Engaged thinking leads us to reflect on praxis, from the starting point to the objective and the methods for achieving it.

Means and ends must be discussed in such a way that understandings are not overlapped by their own logics, but rather complexify and broaden the possibilities for analyzing and unfolding issues. Thinking about the "African epistemic subject" implies recognizing its power to produce knowledge with its own

authentic and original parameters and rationality. Intersubjectivation is configured as an Afro-referenced methodological perspective that promotes dialogue and the collective and plural construction of knowledge, as well as representing a research ethic that calls on the researcher to position themselves and sustain an engagement with causes that resonate with their trajectory and place.

CONCLUSION

"Cosmophobia is fear, it's a disease that has no cure, only immunity. And what is the immunization that protects us from cosmophobia? Counter-colonization." (SANTOS, 2023, P.17)

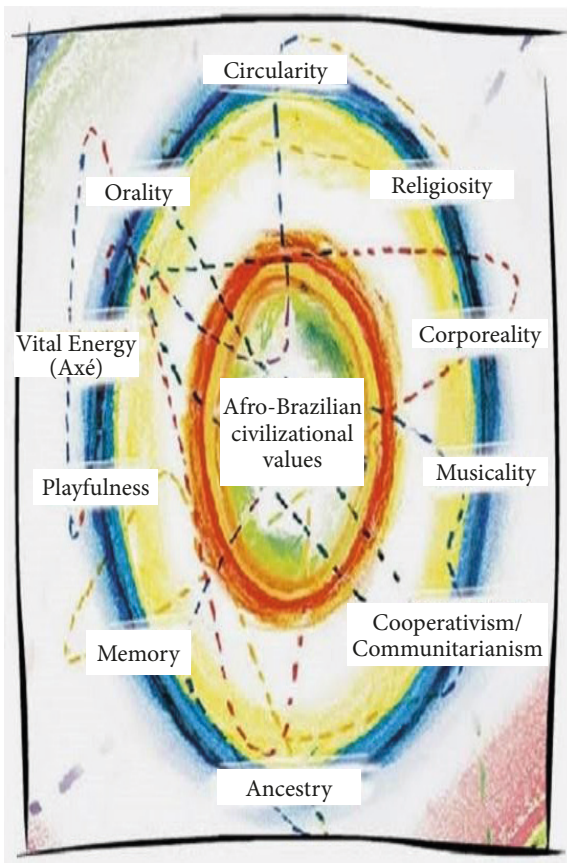
Our analysis revealed barriers to the plurality of spaces and forms of care, such as cosmophobia (SANTOS, 2023), updated by the capitalist economic bias. This challenge represents a significant obstacle to the construction of plural healthcare spaces and practices.

We conclude that thinking about health care from an Afro-Brazilian perspective requires a break with the dominant paradigms and the adoption of a plural, intersectional and emancipatory approach. In this sense, there is an urgent need to include and recognize Afro-Brazilian civilizational contributions not only in the design and operation of health care, but also in an inclusive project for society and citizenship. This process will only be possible when we listen to the voice and meanings rooted in the body and in the knowledge and practices of black and indigenous knowledge, authors and social actors in this process.

The crossroads, in Afro-Brazilian cosmology, symbolizes a space of movement, an encounter of paths and possibilities, represented by the orisha Exú. This principle of the crossroads is crucial to the Afro-Brazilian approach, as it values intersubjectivity and interculturality, which are essential for plural and

inclusive care. This idea resonates with Castiano's (2013) proposal on intersubjectivation and interculturality, which emphasizes dialogue between different cultures and knowledges, promoting an ethic of mutual responsibility and shared decisions.

Azoilda Loretto Trindade (2010) contributes, through her mandala of Afro-Brazilian civilizational values, with some directions and dimensions to keep in mind when thinking about the integrality of health care from an Afro-referenced perspective. We are left with the question: How are these values founded and propose other conceptions of humanity, nature and care?



Art: Azoilda Loretto da Trindade. Available at: <https://riocena.com/o-que-afinal-seria-o-teatro-negro/> Accessed on 18/06/2024

Communitarianism, playfulness, vital energy, spirituality and corporeality are some of the values we consider fundamental to thinking about other conceptions of humanity, nature and care. These dimensions and directions can have different effects on the self-destructive course that we, as 'humanity', are charting.

Africa and its descendants imprinted and still imprint civilizational values in Brazil, in other words, principles and norms that embody a set of existential, spiritual, intellectual and material, objective and subjective aspects and characteristics that were and are constituted in a historical, social and cultural process. And despite racism, injustices and social inequalities, this Afro-descendant population has always affirmed life and, consequently, constitutes the way/s in which they live. (TRINDADE 2010, p.30).

Starting from the afro-referenced approach, research paths are opened up that allow us to broaden the research questions that mobilize us. Paths that take Capoeira Angola as an engaged perspective - with Afro-diasporic and indigenous roots - to think about the plurality of conceptions of health care, based on the specificities of our reality. In this sense, the inscription of knowledge in the body and the body in the world, combined with the construction of meanings through orality and awareness of the visible and invisible elements present in practice, offers us a different worldview, rich in interdependencies and circularities. This perspective not only connects with nature, but also enriches the understanding of health and care, promoting a deep integration between culture, the body and the environment, in which the production of knowledge is also care and the production of life power

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