

136 - BEING IMMIGRANT AND THE HEALTH SERVICE IN THE VIEW OF PORTUGUESE IMMIGRANTS: SOCIAL REPRESENTATIONS

¹ROBERTA SOUZA DOURADO COSTA

²LUÍPA MICHELE SILVA

³CRISTINA KATYA TORRES TEIXEIRA MENDES

⁴MARIA ADELAIDE SILVA PAREDES MOREIRA

⁵ANTONIA OLIVEIRA SILVA

^{1:2:3:5}Universidade Federal da Paraíba, João Pessoa/Paraíba/Brasil

⁴Universidade Estadual do sudoeste da Bahia, Jequié, Bahia, Brasil

¹E-mail: robertinha_jd@hotmail.com

²E-mail: luipams@gmail.com

³E-mail: criskadantas@ig.com.br

⁴E-mail: jpadelaide@hotmail.com

⁵E-mail: alfaleda@hotmail.com

INTRODUCTION

Migrations do not have time or era, from the earliest times men migrated from one place to another in search of better life conditions, whatever the nature of improvement after the discovery of Brazil in 1500. The contact between the Portuguese and the native inhabitants of this land discovered by Cabral summed up the exchange of gestures can not be called a dialogue, however in 1531 during the reign of King D. João III, taking forward the noble Martim Afonso de Sousa, head of settlement by the Portuguese, who subsequently distributed to the Brazilian coast manning small expeditions in the land (MATHIAS, 2000).

Centuries later occurred the first attempts of foreign migration with the coming of D. Joao VI and the Portuguese court. At the time, the major regions were the Northeast and the state of Rio de Janeiro (then known as the State of Guanabara). The settlers from the Azores migrated to coastal regions of Santa Catarina and the state of Rio Grande do Sul

About the migration Portuguese, Brazil put no specific nesting site in the country. This enabled them to become the most urban of migratory flows, centering on major cities like Recife, Rio de Janeiro and Sao Paulo (FIORI, 2004). The Portuguese language was one of the factors that encouraged the Portuguese immigration to Brazil. From 1820 to 1972, one third of the 5,600,000 foreigners who arrived were Portuguese, against 29.0% of Italians and 13% of Spaniards, the two nations most representative after the portuguese (KLEIN, 1989).

Recent studies have revealed that migration is now an important phenomenon, continuous throughout history where in the developed world, associates with a history of immigration. No longer just an emerging problem of their origin, pointing to different aspects ranging from inequality as wealth distribution, associated with poor access to information and culture, characteristics of the society, economy and policies of the country of origin.

The International Conference on Population and Development held in Cairo in 1994, presented in its Program of Action, among other themes, the issue of international migrations, and this perspective highlights the contemporary international migrations interrelated to the development process. The same document also reveals the positive effects that international migration can take on, both for the target areas as to the source. For that urges governments to analyze the causes of migration, in an attempt to transform the stay in a certain country as a viable option for all (PATARRA, 2005).

The relationship between immigration and health are present in an intense form, diverse and distinct in the different conceptual approaches associated with the ecological aspect with regarding to the health-illness process. Taking into account the social environmental, tying to the salary, housing, work, income and access to basic sanitation, all seen as an attempt to harmonize the social health.

Anyway, what is perceived is that the existing structural trends, particularly referring to health care for the customs of immigrants is proving to be currently underused. Without doubt, the greatest problems and challenges are put in the perspective of social forces committed to new approaches of health, psychological aspects, education and other more general, on a psychosocial field.

These aspects are not considered when providing a health care to such customers as it does not consider the differences and offers type of health care uniform.

The perspective suggested in the research considers the existence of conceptions about being an immigrant, as an important determinant for the type of health care and quality of life, presents in every society and particular social group. This aspect presumes that there is exchange of new concepts and different forms of knowing the determinants of health-disease process.

This research worries particularly in scoring the features and modes of expression subjective experience of immigrants from an informal communication that allows to organize latent knowledge resulting from the mood and the act socially, in shared natural realities.

Social representations are symbolic / practical / dynamic groups whose status is that of a production and non-reproduction or reaction to external stimulus, but the selection and use of information from the stock in the company repertoire. (MOSCOVICI: 2003). For this writer, are not in this case, simple "opinions about" or "images of", but true theories collective sui generis, destined for the interpretation and elaboration of the real. So, representing an object, person or thing doesn't consist only to break it down, repeat it or play it, but to rebuild it, touch it and modify it.

In this sense, this study aims to identify the social representations of 'being immigrant' and 'health service' could interfere with the quality of life of Portuguese immigrants living in Joao Pessoa.

METHODOLOGY

It's about an exploratory study seeking to analyze the phenomenon of Portuguese immigration, highlighting physco-socio-cultural aspects from the social representations shared by Portuguese immigrants living in João Pessoa-PB, of both sexes.

A convenience sample was defined by acceptance or not of the Portuguese Gemina invited to participate in the study in accordance with the Resolution 196/1996, the Ministry of Health (BRAZIL, 1996), after approval of the project by the Ethics Committee from the process saturation of ideas adopted in researches on social representations (SA, 2000), making twelve illegal.

To collect data, was used an interview and a test of the Free Word Association, with the stimulus inductors: 'being an immigrant', 'health service' and 'quality of life', previously scheduled for an average of thirty minutes after signing the consent form.

The interviews were analyzed using the content analysis (BARDIN: 2006) to categorize the data, following the steps of analysis: skimming; constitution of the corpus; selection of units of contexts and registers; coding and groupings in symbolic categories and subcategories. Next the data were submitted to the software Alceste - Lexical Analysis par Contexte d'Ensemble of a segment of text (CAMARGO, 2005).

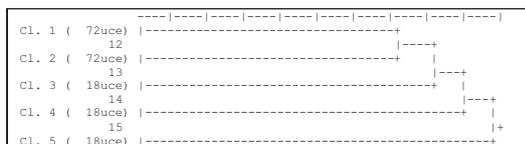
The information reviewed are presented in figures, tables, themes and interpreted based on the theoretical framework of

social representations.

RESULTS AND COMMENTS

The results comprehend data seized from the Portuguese immigrants living in João Pessoa emphasizing socio-cultural conflicts that affect the quality of life of immigrants obtained from analysis of content and Alceste.

Figure 01 - Descending Hierarchical Classification



Classes/categories and their meanings.

The data contained in figure 01 conceive the descending hierarchical classification, with the distribution of five classes or categories on the 'health service' and 'being an immigrant' and 'quality of life' for Portuguese immigrants.

The results of the lexical content of the **class 01**, defined by contents that **reports the experience of living in another country**, where some attributes are associated with both positive and negative health service, being an immigrant and quality of life.

The lexical content associated with the experience of living in another country, as importantly, to live, work and country, meaning a greater concern of the subjects to the situation of being an immigrant.

Among the attributes for the **health service** are: aid, knowledge, information, necessary, need, sick leaves to be desired, careful, efficient, improve treatment, to be **an immigrant** identifies living, work, grief, parenting, support, friendships, studies, and well-received, happiness, invasion, death, nation, and for **quality of life**: happiness, care, wealth, welfare, stability, be careful, know, body, wealth.

The **class 02**, contains **descriptions of the content on the health service**, the contents points to negative and positive impacts on health services, with emphasis on: service, expensive, difficult diseases, and hospital, showing an emphasis on the point of view of those who have had to be treated as an immigrant and the importance of quality of life.

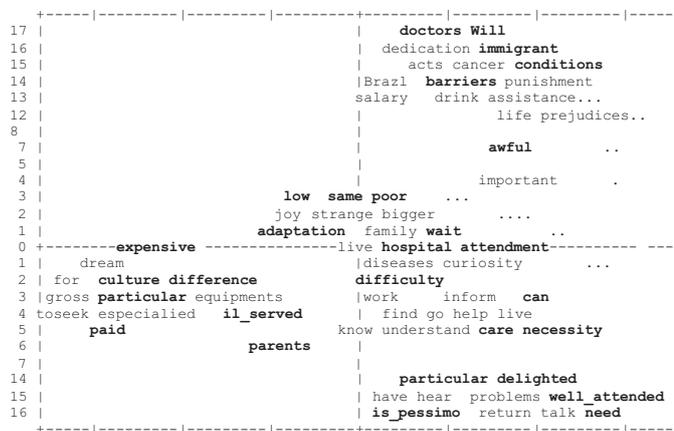
In **class 03**, were highlighted as **positive and negative perceptions** of immigrants facing the health service, being an immigrant and quality of life, with a predominance for contents about health service, which highlights three socio-cognitive factors most often: Brazil, God and difficulty.

For **class 04**, the subjects issue an **opinion on the health service**. We see a major concern of the subjects for the health service, regarding the **payment and plan**, representing one of the difficulties of immigrants while a strategy for care. They use health plans to have a greater assurance if they require services.

The **class 05**, the contents are related to the **experience in the health service**. The results indicates reports of the subjects' experiences on the health service, which emphasizes the private treatment modality as a more assured to have a good customer treatment for whom and for immigrants who have a quality of life.

All these contents presented in these five classes are shown in Figure 2, in which they are objectified social representation of being an immigrant, health services and quality of life according to Portuguese immigrants.

Figure 2 - Images or field representation of being an immigrant, health services and quality of life for Portuguese immigrants living in Joao Pessoa. PB. 2008-2009.



We can see in the Figure, social representations about being an immigrant, health services and quality of life, feelings, expectations, experiences and subjects opinions facing the situation of being an immigrant, showing a negative side: down, bad, wait, difficulty, expensive, evil-treated and awful, doctors will, able to scale the kind of care that are offered to immigrants. On the other hand, is seen in opposition, positive feelings, such as equal, no-particular adaptation, I can, well-attended, satisfied, although they constitute a form of expression for many and a way to understand the cultural issues as a perceived barrier in these subjects.

FINAL CONSIDERATIONS

This study presents social representations about: 'being an immigrant' and 'health service', which can interfere with the 'quality of life' developed by Portuguese immigrants in which the expressions of the subjects points psychological diagnosis, which could support health policies for immigrants in the context of the SUS.

It is pretended with this research provide the construction of a primer on health care with information in the context of migration which shall be released in the Portuguese Embassy in Brazil, in the Northeast after the expansion of data collection involving a larger number of participants and so, contributes to the implementation of health policies for immigrants.

REFERENCES

BARDIN, L. Análise de Conteúdo. Lisboa: Edições 70, 221 pp. 2006.
 BRASIL. Resolução 1996/196, Conselho Nacional de Saúde. 1996.
 CAMARGO, B.V. Alceste: um programa informático de análise quantitativa de dados textuais. In:

- FIORI, N. A. Deslocamento do sonho: imigração e emigração no Brasil. In Transformações Sociais e Dilemas da Globalização: um diálogo Brasil/Portugal. São Paulo, 2004. p. 69-87.
- KLEIN, H. S. A Integração social e econômica dos imigrantes portugueses no Brasil no fim do século XIX e no início do XX," In: *Revista Brasileira de Estudos de População*. Campinas: REBEP, v.6, n.2, jul-dez/1989. 116 p.
- MATHIAS, H. G. Brasileiros e Portugueses: contribuição par as comemorações do V centenário do descobrimento do Brasil. Rio de Janeiro: Academia Brasileira de Letras, 2000. 59p.
- MOREIRA, et al: Perspectivas Teórico-Metodológicas em Representações Sociais. João Pessoa, Ed. Universitária. 2005.
- MOSCOVICI, SERGE. Representações Sociais: investigações em psicologia social. Petrópolis, Ed. Vozes. 2003.
- OIM. Estrangeiros-direitos humanos, estrangeiros, migrantes e minorias. Endereço da página WEB: <http://www.oim.pt/informação.html>.(consultado em 15 de outubro, 2009).
- PATARRA, N.L. Movimentos migratórios internacionais recentes de e para o Brasil e políticas sociais: um debate necessário. *Fórum Social das Migrações*. Porto Alegre: 2005.
- SÁ, CELSO PEREIRA de. Construção do Objeto de Pesquisa em Representações Sociais. ED.UERJ. Rio de Janeiro. 2002.

Thanks to CNPq and UFPB financial support and scientific knowledge.

Roberta Souza Dourado Costa

Address: Av. Presidente Artur Bernardes, 151, Bessa, João Pessoa, Paraíba, Brasil

Phone: 00-55-83-88690496 E-mail: robertinha_jd@hotmail.com

BEING IMMIGRANT AND THE HEALTH SERVICE IN THE VIEW OF PORTUGUESE IMMIGRANTS: SOCIAL REPRESENTATIONS

This study aims to identify the social representations of 'being an immigrant' and 'health service' able to interfere with quality of life. It's about an exploratory study that seeks to explore the phenomenon of migration in diverse aspects, emphasizing psychosocio-cultural aspects from social representations for immigrants. Points out the knowledge, images, attitudes and beliefs in the daily broadcast collectively performed with twelve Portuguese immigrants living in João Pessoa-PB, of both sexes. To collect data we used an in-depth interview and the test of free association of words, with the stimulus inductors: access to health services and being an immigrant, previously scheduled with an average of thirty minutes for each participant. The data obtained from interviews were analyzed using the technique of thematic content analysis and then were submitted to software Alceste. The data seized from Alceste pointed to five broad categories that are interpreted subsidized in the theory of social representations.

KEYWORDS: Immigration; Health Service, Quality of life

ETRE DES IMMIGRANTS ET DES SOINS DE SANTÉ EN VUE DE IMMIGRANTS PORTUGAIS: REPRÉSENTATIONS SOCIALES

Cette étude vise à identifier les représentations sociales d'une «immigration» et «service de santé» peuvent interférer avec la qualité de vie. Il s'agit d'une étude exploratoire qui a cherché à explorer le phénomène de la migration dans ses divers aspects, en insistant sur les aspects psychosocio-culturelle des représentations sociales pour les immigrés. S'il vous plaît noter que les connaissances, les images, les attitudes et les croyances dans l'émission quotidienne réalisée collectivement avec douze immigrants portugais vivant à João Pessoa-PB, des deux sexes. Pour recueillir les données nous avons utilisé un en-entrevue en profondeur et le test de la libre association des mots, avec le stimulus: l'accès aux services de santé et un immigrant, initialement prévue pour une durée moyenne de trente minutes pour chaque participant. Les données obtenues à partir des entretiens ont été analysées en utilisant la technique d'analyse de contenu thématique et ont ensuite été soumis au logiciel Alceste. Les données saisies dans Alceste signalé ses cinq grandes catégories qui sont interprétés subventionnés dans la théorie des représentations sociales.

MOTS-CLÉS: Immigration, Santé service, qualité de vie

SER INMIGRANTES Y ATENCIÓN MÉDICA EN VISTA DE INMIGRANTES PORTUGUESES: REPRESENTACIONES SOCIALES

Este estudio tiene como objetivo identificar las representaciones sociales de "inmigrante" y "servicio de salud puede interferir con la calidad de vida. Este es un estudio exploratorio que buscó explorar el fenómeno de la migración en diversos aspectos, haciendo hincapié en los aspectos psicossocio-cultural de las representaciones sociales de los inmigrantes. Tenga en cuenta que los conocimientos, las imágenes, actitudes y creencias en la emisión diaria en conjunto realizado con doce inmigrantes portugueses que viven en João Pessoa, PB, de ambos sexos. Para recoger los datos se utilizó un en-entrevista en profundidad y la prueba de asociación libre de palabras, con el estímulo: el acceso a servicios de salud y un inmigrante, previamente programado para un promedio de treinta minutos para cada participante. Los datos obtenidos de las entrevistas se analizaron utilizando la técnica de análisis de contenido temático y luego fueron sometidos a software Alceste. Los datos incautados a Alceste señaló cinco grandes categorías que se interpretan subvencionados en la teoría de las representaciones sociales.

PALABRAS CLAVE: Inmigración; Servicio de Salud, Calidad de vida

SER IMIGRANTE E O SERVIÇO DE SAÚDE NO OLHAR DE IMIGRANTES PORTUGUESES: REPRESENTAÇÕES SOCIAIS

Este estudo tem o objetivo de identificar as representações sociais sobre «ser imigrante» e o «serviço de saúde» capaz de interferir na qualidade de vida. Trata-se de um estudo exploratório que buscou explorar o fenômeno da imigração, em vertentes diversificadas, salientando-se os aspectos psicossocio-culturais a partir das representações sociais para os imigrantes. Salienta-se os conhecimentos, imagens, atitudes e crenças difundidas coletivamente no cotidiano realizado com doze imigrantes portugueses, residentes em João Pessoa-PB, de ambos os sexos. Para coleta de dados utilizou-se uma entrevista em profundidade e o teste da associação livre de palavras, com os estímulos indutores: acesso ao serviço de saúde e ser imigrante, previamente agendada, com duração média de trinta minutos para cada participante. Os dados obtidos das entrevistas foram analisados utilizando-se a técnica análise de conteúdo temática e em seguida, foram submetidas ao software Alceste. Os dados apreendidos a partir do Alceste apontaram cinco grandes categorias que são interpretadas subsidiadas na teoria das representações sociais.

PALAVRAS-CHAVE: Imigração; Serviço de Saúde; Qualidade de vida

PUBLICAÇÃO NO FIEP BULLETIN ON-LINE: <http://www.fiepbulletin.net/80/a1/136>