

SOLID WASTE COLLECTORS: HEALTH AND LOCAL DEVELOPMENT IN A NEIGHBORHOOD OF CAMPO GRANDE / MS, BRAZIL

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ABSTRACT

This manuscript briefly discusses some aspects related to the categories of solid waste collectors, as well as the health and local development where they reside. The aim of this manuscript is to find out how these three categories are articulated in a given social space. For this purpose the Dom Antônio Barbosa neighborhood was chosen, located in the city of Campo Grande, Mato Grosso do Sul, Brazil. A bibliographical research, field work and interviews were carried out to reach the proposed objectives. The results indicate that there is a very active interaction among the categories, however, it was verified that the collectors do not know the importance of obtaining information to have better access to the health services of which all Brazilians have a right guaranteed by the State.

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INTRODUCTION

The relations concerning the world of work underwent several transformations in the late twentieth century, which changed the scenario of the reality of many workers worldwide. Of all the transformations, the crisis of salaried work stands out, which made employment and labor relations more flexible, since it contributed to the increase in the number of workers who migrated to informality, leading to an increase in unemployment and the precariousness of work. In view of this situation, it is interesting to discuss categories such as cooperativism and self-management, which during the 80's were categories triggered as a basis for the Solidarity Economy proposal (ES) (LEITE, 2009; LIMA, SOUZA, 2014). In this context, several initiatives aimed at solidarity economic ventures (EES) emerged, which were linked to the growing potential of collective convergence that aimed to link existing initiatives, bringing to the fore relevant strategies related to territorial, local and sustainable development. The ensutization aroused in relation to these themes is associated with the potential of ES to give satisfactory answers to the demands that arose from the discussion about the environment and responsible waste management.

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However, it was not until 1990 that several entities began to mobilize collectors to organize themselves into associations and cooperatives with the aim of finding work activities that would provide greater access to income, better living conditions and possible solutions to environmental problems (SILVA, 2017). The concern with environmental problems, especially with solid waste, has as a line of action the pursuit of environmental sustainability through the reuse of solid waste through recycling. The importance of recycling is focused on the impact it generates in the production process, because the dynamics involved in the collection and treatment of waste implies less discharge of this waste in landfills. In this way, the recycling process contributes to the increase in the useful life of landfills and reduces the presence of pollution, that is, waste elements discarded in nature. In fact, recycling leads to savings of material resources *in natura* (CEMPRE, 2013). In this process, the waste collectors are the main agents of the direct operation, that is, of the contact with the material to be collected and reused. Because of this highlighted factor, the collectors are the ones who need the most attention regarding the measures necessary to ensure health during their activities and throughout their lives. The work of these people involves serious risks of contamination if neglected the basic care in the handling of products and substances discarded (GOUVEIA, 2012; JESUS *et al.*, 2012). The concern with the health of waste collectors in the city of Campo Grande, capital

of the state of Mato Grosso do Sul in Brazil is constant. This concern arises initially from religious and later state spheres. Thus, this manuscript addresses the relationship between health and local development categories in the Dom Antônio Barbosa neighborhood in the city of Campo Grande. The work was done through bibliographical review, field work and the use of interviews as a strategy for collecting primary data.

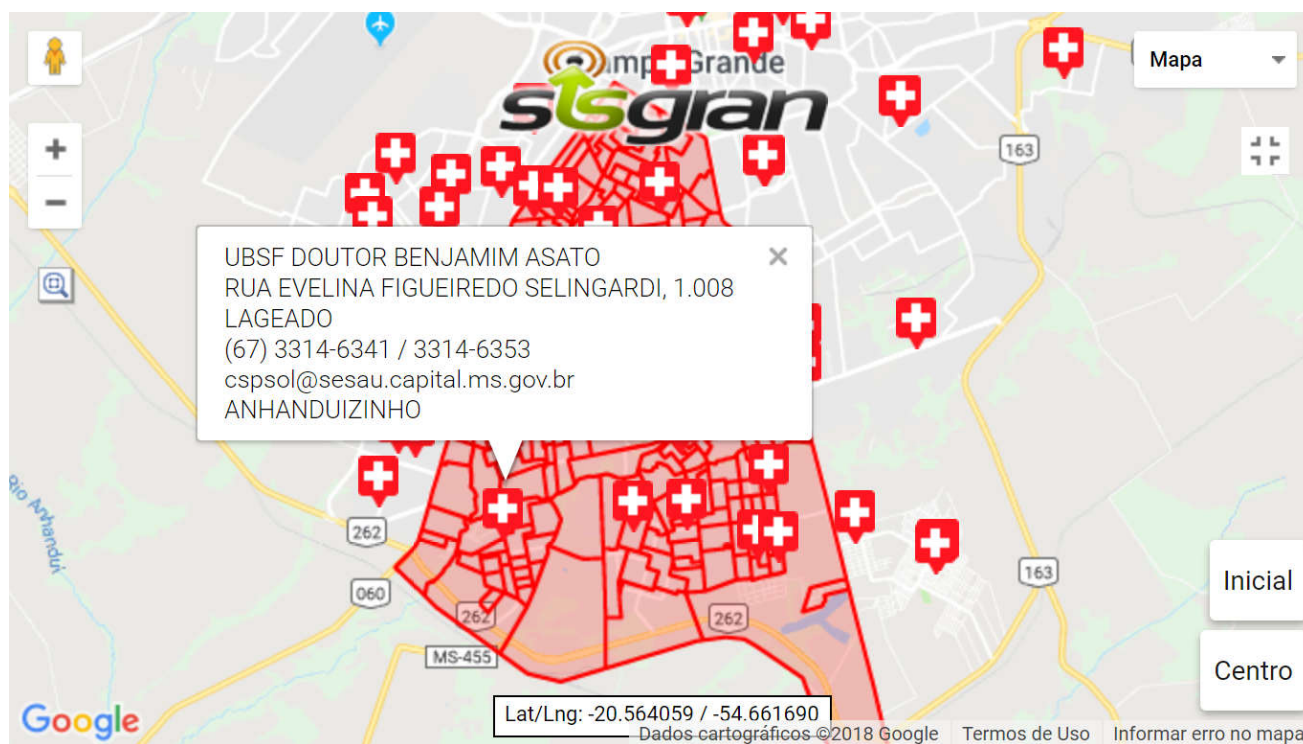
Health and Local Development in a Neighborhood of Campo Grande / MS: The Case of Dom Antônio Barbosa

One of the founders of the structure of the neighborhood was Antônio Barbosa (1911-1993), bishop of the Diocese and then Archdiocese of Campo Grande in the year 1958 to 1986. The initiatives of Dom Antonio Barbosa were decisive for the awareness of the local population in relation to social development. Such action of the Catholic Church generated considerable changes in the thinking pattern of the residents and inspired the residents to baptize the neighborhood with the name of their representative. The work of the Catholic Church in the above-mentioned region was an unfolding of the activities of the parish Cristo Luz dos Povos, founded by Dom Antônio Barbosa in 1967 at Vila Bandeirantes, and entrusted to Father Ubirajara Vilela de Figueiredo since its creation on March 26 of 1967. Thus, from that date there were the first parochial expeditions to the present region of the district Dom Antônio Barbosa that due to the growing population of the southwest region of Campo Grande, demanded the dismemberment of the Christ Luz of the Peoples Parish (in portuguese: Paróquia Cristo Luz dos Povos). Thus, in the administration of Dom Vitório Pavanello, on March 21, 1993, the Parish of Nossa Senhora da Guia was created in Lajeado Park, which also serves the Dom Antônio Barbosa neighborhood (AMARAL, 2011). It is important to emphasize that the history of health in Brazil is linked to the work of religious. It is a history pervaded by philanthropy linked to religion, which can be translated by charity. In the colonial and imperial periods the attendances were made by medical professionals who attended in institutions also turned to the philanthropy. During the period of the First Republic (1889-1930), the state began to appear when epidemics appeared, acting through vaccination or actions directed at sanitary conditions (CARVALHO, 2013). However, with the promulgation of the Federal Constitution of 1988, the Unified Health System (SUS) was also created, based on Art. 196. Dainting these facts, health became a duty of the state.

Dom Antônio Barbosa neighborhood developed under the aegis of the Brazilian Federal Constitution of 1988, in which the characteristics of neighborhoods similar to it were considered. This community was not different from other parts of the outskirts of Campo Grande: health care was provided through the SUS, with the implementation of the Basic Family Health Unit (UBSF), Dr. Benjamim Asato, also called UBSF Parque do Sol. The UBSF unit started to be used by the local population after inauguration on February 25, 2003. This unit offered laboratory services and specific programs such as the fight against smoking, hypertension and diabetes, as well as assistance to pregnant women according to rules of a UBSF. Because it is a UBSF, the public health service does not meet the needs of the community, which still faces socioeconomic problems: when the resident is referred to other network services, he does not travel, according to the interviewees, because of financial, educational, cultural and other environmental factors in which they live. The problems related

to health permeate the social inequality that is present in the place, affecting the community directly and indirectly. These residents' notes were constantly cited by several interviewees in this survey. Such a situation leads to thinking about health in order to raise the eye not only for the professionals involved or for the neighborhood health unit, but also for the real need of the community to have a larger structure. In this sense, it is possible, in a holistic way, to find way stogenerate subsidies to offer a resolutive healthcare. Currently, it can be affirmed that there are health programs in the neighborhood and the support of other units. However, in the concept of individuals in the community, it is not currently allowed to refer to it as quality health because it is not resolution. As much as there are programs and actions, and referrals to other services, the population says that there is no problem solving. The concept of health encompasses several elements such as housing, basic sanitation, education, laser, health care and etc., situations faced by the community that are not resolved. It is a population deprived of resources so that they can look for other services, which would alleviate the problems of the community. The health unit is well located within the neighborhood, as shown in Figure 1. When asked about the location of the UBSF, solid waste collectors and family members of the community respond with clarity. The experiences lived in the community permeate the inequalities and the dissatisfaction with the health.

In 1986, at the VIII National Health Conference, discussions about the concept of health demonstrate that it goes beyond the absence of the disease, taking into account also factors that directly interfere in the way people live. With this, the way each individual portrays their own health is the reflection of how he lives and interacts with the environment and with other people. Faced with such facts, the concept of health is created by variables such as social, economic and cultural conditions (CARDOSO, REIS, IERVOLINO, 2008). The UBSF of the mentioned district meets the requirements mentioned by the National Health Conference, however the community's inequality regarding health and its concepts illustrates the reality experienced in the place. It is clear that the SBSF health unit works to alleviate the reality of the population and focuses mainly on the primary bases. On the other hand, the population seeks immediateness for lack of information and other reasons, going to the 24-hour Emergency Care Units and the Regional Hospital in the nearby region, in order to solve the problems that could be solved in the UBSF, causing problem in the regulation and classification of priority services in other units. In the twentieth century, there was an important feature with the dialogues on health. The diverse experiences that sought ways of coping with inequalities and social inequities reached a large proportion of the world's population (GALON, MARZIALE, 2016). These discussions laid the foundations for the production of the First International Conference on Primary Health Care held in Alma Ata, Kazakhstan, former Soviet Union, where the international policy "Health for All by the Year 2000" (PAHO / WHO, 2012). Inequality and social inequities affect communities in much of the city of Campo Grande in Brazil, and the imbalance in public policies is noticeable in the neighborhood under study. In fact, this imbalance is reflected in the health of the local community. The needs of a local health are not met according to the population's argument, the Family Health Unit only acts on prevention and this model does not meet the demands of the community for the living conditions of its members, making it a problem for collectors and yours families of low-income.



Available at: campogrande.ms.gov.br/sisgran

Figure 1. Location of the UBSF Dr. Benjamim Asato in the neighborhood Dom Antônio Barbosa, Brazil

The works are operationalized as preventive, that is, if the health modalities are not aligned in this way, the service would go from unsatisfactory to satisfactory. The active participation of sector managers, trainers, users and students in the community leads to the plans to be executed. Thus, the union of the categories should meet the quality of collective health of the communities, join forces, strategies and information to reach a satisfactory level of health, focusing on the observations of individuals and their longings experienced in the territory. The deepening of the gaze towards the community demonstrates inherent and distinct information. It is possible to verify that there are systemic networks of health care (Photo nº 2), however, the individuals of the community do not pay attention to the real service offered in the unit. It appears that the state and the municipality does not align their holistic and systemic manner structures to reduce the gaps in existing processes. The biggest problem of the neighborhood community is the need of host families and solve health problems. Despite what the solid waste collectors say, it is visible to improve on several issues, such as good food preparation practices and the personal hygiene of many family members within the community. There are several positive points within the health processes, such as the program that serves the whole family in the unit in a preventive way with qualified health professionals. On the other hand, there are negative points reported by residents of the community, such as the fact that the unit, obeying the proposed model, only offers a clinical doctor, which often leads them to seek care in other posts and even in nearby hospitals, for example, the Campo Grande Regional Hospital near the Aero Rancho Neighborhood. The information on how health networks work is unclear, the local population and collectors demonstrate that such information is not clear. It should be noted that health teams do not bother to explain to the community what UBSF's logistics really are. Based on the analysis of the specific situations, the study points out the possibility of transforming the view of the collectors; what they consider to be failure, that is, the limitations of the UBSF, in fact, the orientation towards

disease prevention, up to the resolution of health problems. The operation of health services offered in this way cannot be characterized as imperfect. When referring to health promotion, it should be borne in mind that preventing illnesses is different from treating them. It is feasible to understand that the human being, for the most part of his life, is healthy, but for balance to occur, it is necessary to have a healthy social, economic, cultural and environmental situation, besides being able to eat properly. The prevention of specific health problems requires that government share another sectoral action that is conducive to their needs (BUSS, 2002). The environment must be constructed so as not to cause disease. When health is in question, the word gains strength and is discussed all over the world, since it has the form of systemic networks created from a chain, formed systematically, interconnected by several sources that are necessary to find the balance of life. This perspective forms a set of actions for the purpose of achieving a single goal in the community that is universal well-being. According to the concepts of health (PAHO, 2014), the neighborhood needs to be considered in all aspects that involve it.

In this sense, the great struggle of solid waste collectors in the Dom Antônio Barbosa neighborhood revolves around issues that address health for all, guaranteeing their universalization, equity and decentralization of services in the health unit, as well as other modalities of public, community and individual actions that may be part of the quality of life context, such as sewage networks, infrastructure and appropriate housing, among other actions. Health professionals should address issues relevant to quality of life, issues that concern the whole of humanity. These professionals also need to ask themselves if the population understands the concept of health, which has been the subject of discussions in recent years and can be apprehended from the advances of new technologies and therapeutic diagnoses, as can be seen from scientific studies and by the media (BATISTELLA, 2007).



Photo: Author

Figure 2. UBSF Dr Benjamim Asato in the district of Dom Antonio Barbosa

From this point of view, the Dom Antônio Barbosa neighborhood is in the process of being built in the health field. It is interesting to note that the processes advocated by the law have been flawed since its formation. The local community studied, through its community representatives, has fought a constant struggle to show the governors the real needs of the neighborhood. Families that seek their own sustainability and health improperly for generations in the community are not being addressed in their basic health needs. Conceptualizing health, even if it is always by means of abstractions, that is, by partial contours of an ever more comprehensive reality, makes it possible to extract concepts that enable discussions related to interventions on a given reality. For this reason, it highlights the understanding of the approach used, allowing for their inquiries and constant reiterations. Concepts are the allusion of practice. They are described in the options of necessary knowledge, in the formulation of methods, strategies and tools for the interference, and in the last analysis in the method that the community coordinates to provide it, in the case of health, or even to avoid it, bringing a reference to the disease (BATISTELLA, 2007).

On the other hand, the concept of health adopted is linked to prevention, in conjunction with the concept of health improvement that, according to the Ottawa Charter (1986) works on two fronts, in which the first one aims to focus in the life of the individual and in the socio-cultural and economic reality that particularizes its environment, aiming at the transformation of behaviors. On the second front, what is sought is the promotion of health as a product of a range of factors intrinsically associated with quality of life; good working conditions; opportunities for lifelong education; clean physical environment; social support for families and individuals; responsible lifestyle; and an adequate spectrum of health care (BUSS, 2012). It is possible to observe that most local agents seek the health unit only when they feel something that cannot be controlled at home. The search for health, education and other assistance modalities are present, even with the difficulties faced in the place, but what people should

look for is the quality in the services offered. In this sense, there was improvement in health as the study indicates in direct observation with the collectors; with the passing of the years there were changes, however, development stagnated and educational activities developed in the neighborhood do not meet the real need of children who need to move to other neighborhoods. People in the local community seek alternatives to solve their health demands within the community when they are not served at the health unit. There are also other institutions that support workers and their families, such as neighborhood residents' association. Health is not limited only to the processes of intervention against diseases, but other interventions that enable people and the community to use methods that help balance their state of health in which they consider the interpositions of external factors, such as social, economic, religious beliefs and psychic aspects (MINAYO, 2000). Health education can be carried out in any community space and the health field is much broader than that of disease (PEREIRA, 2003). Health promotion or education activities are the mainstay of all interventions in this field and were not adequately addressed in the scale of the community approach tools to refer to the training of professionals working in the area, administrative and health services management inquiries. It should be emphasized that the concepts regarding the seriousness of these actions point to the flow of the historical epoch, the pattern of the health-disease process, the intentionality of current public health policies and the reality of the individual, the family, as well as the community and of the locality. All these factors induce the related understanding of values and knowledge of the organization of society and life in their fullness, resulting in various ways of reflecting in association with the vast understanding of the importance of their health and the indispensability of recovering it, and to promote it (CARLI et al., 2011). The community of the district Dom Antônio Barbosa is aware of the health, since it has several tools of instruction and entities that develop works with the population. It is this technological, social and electronic differentiation, among others, that facilitates its displacement to other health units. The problem leads the inhabitants of the neighborhood

to try to solve their difficulties in another post and hospitals. In view of the above, this study found that health professionals were trained and successful in guiding and educating the community. Community agents are active in the territory and committed nurses have become a reference for the residents who seek them, giving rise to several positive aspects in the areas of information, execution, planning, evaluation and expected health outcomes.

Final Considerations

It is noticeable that waste collectors should change their view of the health offered in the neighborhood: they are dissatisfied with local health, but they do not benefit from the Family Health Program because they do not absorb the information from the program. The municipal rulers do not pay attention to the adequate clarification of the population. Campo Grande, as well as the state of Mato Grosso do Sul has a health deficit, and the solution is not only a local issue but also an exogenous agent such as the federal government. One point to be highlighted is that it is not enough to educate the local community. An enlarged vision must prevail in the territories, because it is not only a matter of occupying a space, but of offering conditions to survive in it. The district of Dom Antônio Barbosa was territorialized quickly and without planning. The occupation of this neighborhood gave rise to several social and structural problems such as the absence of decent housing, sewage networks and other factors related to the health of the residents of the neighborhood. The lack of a sewage system in the neighborhood is a critical problem. Health standards are intertwined with the issue of basic sanitation which is one of the relevant health factors for both adults and children. This is one of several problems faced by the residents of the district Dom Antônio Barbosa, because the lack of basic sanitation leads them all to live in unhealthy conditions. As much as the community faces many negative aspects, it receives other benefits, currently more than the previous year. The neighborhood has a UBSF and good health professionals, public lighting, asphalt and inadequate housing; therefore, with the basic care to the families, being directed to other health units the more specific cases.

The neighborhood in question belongs to a region of the city of Campo Grande with different characteristics to present a territory ruled in gradual development. This characteristic is also referred to in the collective health of the people who live in the neighborhood. It is important to analyze the health scenario from the perspective of research and solid waste pickers. While research looks for positive or negative health data, collectors refer to health as an achievement. The study shows that some factors are important and should be developed with families. Many of them still need information, although there are jobs to address health problems in the community. It is noticed, however, that the actions of the public power have not yet reached the understanding of individuals, but there are permanent work from home visits of the UBSF team, focusing on the balance of actions that refer to the health of the collectors and the population local.

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