

TIME FOR A STRENGTHS-BASED DIALOGUE ON THE NEEDS OF PEOPLE LIVING IN COMPLEX LIFE CIRCUMSTANCES**TIEMPO PARA UN DIÁLOGO BASADO EN LAS FORTALEZAS SOBRE LAS NECESIDADES DE LAS PERSONAS QUE VIVEN EM SITUACIONES DE VIDA COMPLEJAS****HORA DE UM DIÁLOGO BASEADO EM FORÇAS SOBRE AS NECESSIDADES DAS PESSOAS QUE VIVEM EM CIRCUNSTÂNCIAS DE VIDA COMPLEXAS****Sithokozile Maposa¹****Francisca Tereza Galiza²****Jose Diego Marques Santos³****Livia Carvalho Pereira⁴**

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WHAT ARE COMPLEX LIFE CIRCUMSTANCES: A GLOBAL CONTEXT

In Brazil, Canada, and other parts of the world, there is a pressing need to better understand the complex life circumstances, unique needs, and challenges of certain population groups. Often, individuals with overlapping health, economic, and sociocultural challenges encounter numerous barriers.

Despite the United Nations' (UN) commitment to 'leave no one behind,' concerns of individuals with complex life circumstances often remain unaddressed.¹ The UN's Sustainable Development Goals (SDGs) for social justice ground our Brazil and Canadian international scholarly partnership, an opportunity to share and inquire into complex life circumstances. Together, we foster a strength-based dialogue in contextualizing complex life circumstances within SDGs at a regional/global level. Our Brazil and Canadian nursing team, collaborates and partners with people living in complex circumstances that are more susceptible to harms associated with health, social, and climatic disadvantages.²

With complexities such as housing instability, food insecurity, concurrent chronic illnesses, HIV, substance use, safety concerns, trauma, violence, and mental health needs, the individual's capacity to maintain a stable life and manage their circumstances and access necessities like food and shelter often diminishes. Affected populations, such as young women and older adults, may face gender inequities, racial disparities, and poverty, limiting their access to services or



wraparound supports. Older adults often deal with social isolation, loneliness, and health issues. Housing instability further exacerbates these daunting challenges. Exploring complex life circumstances at local and global levels should consider the UN SDGs for health and prosperity.

THE BRAZILIAN COMPLEX LIFE CIRCUMSTANCES CONTEXT

According to the collection "Mais SUS em Evidências," module 4 on Living and Health Conditions, the complex living circumstances in Brazil are linked to various social determinants of health.³ For example, the worsening income and unemployment rates among the population, as demonstrated in recent surveys, are concerning. There has been a considerable increase in the unemployment rate, while the average income has remained stagnant from 2012 to 2022. Among ethnic groups, racism is notable, with the Brazilian Black population experiencing higher homicide rates, especially among women, and lower levels of education and employment.³

The living and health conditions of the Brazilian Black population; the populations of the countryside, forest, and waters (PCFAs) and Indigenous Peoples and Communities (PCTs); the LGBTQIAPN+ population; and the population with disabilities deserve special attention when studying the complex living conditions in Brazil.³ With high rates of exposure to violence and low levels of education and employment, the Brazilian Black population may experience complex living conditions, reflected in generally low health indicators. Brazilian Black women may have a higher rate of worse prenatal care and maternal mortality compared to white women. PCFAs and PCTs constitute other groups that deserve attention in the study of complex life circumstances in Brazil.

With health indicators lower than the general population, these groups face issues resulting from racism, geographical barriers to accessing health services, working conditions, and environmental risks. Another priority group is the LGBTQIAPN+ population, which faces challenges in accessing healthcare due to discrimination, stigma, and prejudice within healthcare services, lack of preparation among healthcare professionals, neglect, and omission.

Finally, the population with disabilities may also face complex living conditions due to the lack of accommodations based on their needs. For example, this population lacks adequate health coverage despite facing high unemployment rates and low income.³

THE CANADIAN COMPLEX LIFE CIRCUMSTANCES CONTEXT

In Canada, housing instability is a systemic factor that may increase vulnerability, with almost 1 in 10 (11.2%) people experiencing homelessness in their lifetime. While addiction and substance use are the most common reasons for house loss in Canada (25.1%), homelessness may exacerbate struggles with substance use.⁴ As identified in a 2020-2022 national survey, 61% of people with housing instability reported having substance use problems, and 60% had mental health problems.⁵



Another complex life circumstance that increases the experience of vulnerability is HIV. HIV is not evenly spread among groups in the provinces. In 2022, the high burden of the estimated 65,270 people in Canada living with HIV were found in Saskatchewan province.⁶ Among these individuals, 51% were gay, bisexual, and other men who have sex with men, 25% were females, and 13% driven by injection drug use.⁶ Consequently, pragmatic interventions are needed to reduce the scale in Canada and beyond.

Similarly, Brazilian complex life circumstances are intertwined with stigmatized conditions. For example, elderly people, such as LGBTQIAPN+ seniors, whose obstacles may not be shared by other age groups, tend to encounter most challenges. In healthcare, a limited or lack of understanding and sensitivity among professionals regarding the specific needs of this population, including the lack of adequate training to deal with issues related to gender identity and the sexuality of LGBTQIAPN+ seniors, can lead to neglect, discrimination, or even fear of seeking healthcare services.⁷ Hence, a strengths-based dialogue is needed with persons with lived experience to advance their needs.

Also, Indigenous peoples and other racialized population groups carry the burden of complex life circumstances that intersect impacts of colonization and ongoing trauma, and housing instability and related health inequities.⁸ For instance, in 2017/2018, Indigenous women were five times more likely to be found in shelters compared to other Canadian women.⁸ Seeing Indigenous Peoples are approximately 4% of the Canadian population, their accounting for 29% of admissions to federal custody during the same period is concerning.⁸ Gaps in health/social services significantly affecting the large and growing urban racialized people with complex needs further highlight why examining inequities is vital.

NURSES' ROLE

We believe that nurses play an essential role in contributing to a strengths-based approach to advance conversations in partnership with people living in complex life circumstances across all age groups. For example, youth, women, and the elderly in complex situations can benefit from evidence-informed harm reduction services, health promotion, housing, perinatal care, and educational interventions. Wraparound supports, such as having a safe home, and related services that help to strengthen the bond between mothers and babies can prepare mothers to navigate or overcome challenging circumstances. For the adults and elderly populations, among others, nurses play important roles partnering and implementing groundbreaking strategies for early screening for mental health issues, substance use, and the risk of falls, improved access to safe care for LGBTQA+ groups, better housing stability, and referral to wraparound supports to minimize loneliness.



CONCLUSION

To overcome the great challenges posed by the complex circumstances or needs surrounding human life, society must first recognize human rights, social equity, justice, and public policies as delineators of awareness and acceptance of the historical, geographical, and social differences between individuals and their communities. Through continuous education, it is possible to aid based on a multidisciplinary team that emphasizes interdisciplinary, intersectoral care in the prevention, promotion, and maintenance of the health of vulnerable populations. Alternatively, working collaboratively across nations, such as Brazil and Canada, permits our team to learn from each other and advance the international conversations on complex life circumstances using a strength-based lens and partnerships.

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Declaration of conflict of interest

Nothing to declare.

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