

EDUCATIONAL ACTIONS AS A POSSIBILITY TO REWIND THE GYPSY MAN AGAINST CIGARETTE CONSUMPTION

AÇÕES EDUCATIVAS COMO POSSIBILIDADE NO REPENSAR DO HOMEM CIGANO FRENTE AO CONSUMO DO CIGARRO

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ABSTRACT

The study aimed to provide an environment for discussions on the consequences of tobacco consumption by the Roma population. This is a descriptive study with a qualitative approach using action research. It was developed with smoking gypsies, from the Roma community, Rancho de Cima, from the city of Sousa, in the state of Paraíba. The research started, after the approval of the project by the Research Ethics Committee under opinion No. 2,338,568. The activities provided a discussion of the damage caused by smoking, exposing contribution mechanisms and strategies for ways of rethinking the actions of Roma men who smoke in the face of addiction, with a focus on health education actions, in order to share knowledge, experiences and experiences. The promotion of the following study enabled the analysis and discussion of the experiences of the gypsy man regarding cigarette consumption. In addition to providing the opportunity to share acquired knowledge, experiences and attribute educational actions to encourage the rethinking of Gypsy men in relation to tobacco consumption.

Keywords: Tobacco Use Disorder; Roma; Men; Health; Primary Health Care.

RESUMO

O estudo objetivou oportunizar ambiente de discussões sobre as consequências oriundas do consumo do tabaco pela população cigana. Trata-se de estudo descritivo com abordagem qualitativa com utilização da pesquisa-ação. O mesmo foi desenvolvido com ciganos tabagistas, da comunidade cigana, Rancho de Cima, da cidade de Sousa, no estado da Paraíba. A pesquisa teve início, a partir da aprovação do projeto pelo Comitê de Ética em Pesquisa sob o parecer nº 2.338.568. As atividades proporcionaram a discussão dos prejuízos decorrentes do tabagismo, expondo mecanismos de contribuição e estratégias de formas de repensar no agir dos homens ciganos tabagistas frente ao vício, com foco em ações de educação em saúde, de forma a compartilhar saberes, vivências e experiências. A promoção do seguinte estudo propiciou a análise e discussão das experiências do homem cigano acerca do consumo do cigarro. Além de oportunizar o compartilhamento de conhecimentos adquiridos, das experiências vividas e atribuir a realização de ações educativas para fomentar o repensar do homem cigano em relação ao consumo do tabaco.

Palavras-chave: Tabagismo; Roma (Grupo Étnico); Homens. Saúde; Atenção Primária à Saúde.

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INTRODUCTION

The origin of gypsy people is still imprecise. Some historians attribute its origin to India, others to Egypt. The greatest difficulty is due to not having the written history so it has been passed on orally. We highlight the number of legends, myths, fantasies, and common-sense constructions that surround gypsy people in the popular imagination, maintaining and reinforcing prejudices and stigmas, discrimination, inequalities, and exclusions. In addition to the prejudices suffered by this population, they also come to suffer impacts on the health dimension, either due to barriers to access or as a result of cultural factors ¹.

The Gypsy community, especially men, has vulnerabilities due to cigarette consumption. This consumption is still linked to other neglected health habits, increasing morbidity and mortality in this population segment. Due to the great impact of smoking on the morbidity and mortality of the Brazilian population, the high cost of treating tobacco-related diseases and the favorable cost-effectiveness of interventions for the treatment of smoking, the smoking cessation program must be considered a priority when planning the allocation of health resources ².

As an authentic social expression, gypsy people seek to preserve the memory of the culture of this population, passed on from

generation to generation. However, we need to be careful in the activities developed by constant cultural practice, alerting acquired vices and identifying the evils, such as tobacco consumption, which can cause damage to health both individually and collectively.

Having more than eight million people each year, tobacco kills up to half of its users, while about 1.2 million are the result of non-smokers exposed to secondhand smoke. It is also a problem in the context of public health, since worldwide, there were six million deaths related to tobacco in 2014, with prospects for 2030 to reach approximately eight million deaths ³⁻⁴.

With smoking as an important problem in the health area, it is up to the health professionals to intervene in this reality, but we know the importance of these professionals in knowing and researching the customs and habits belonging to the ethnicity worked, identifying the person responsible for each group in the community so that the health team behaves as encouraging members and proponents of improving the quality of life of this population and not as coercive habits to be followed ⁵.

Also, the educational practice in the Family Health Strategy (FHS) has become an activity of paramount importance, allowing the intermediation of health professionals with the community. Offering subsidies for the adoption of new healthy habits and behaviors,

empowering the population, to make the individual the protagonist of their history, especially in their health, disease and care process in the prevention of diseases and also as a means for strengthening as a citizen ⁶.

Nessa perspectiva, com base nas discussões apresentadas anteriormente, questiona-se: as ações educativas são estratégias para transformação do pensar do homem cigano em relação ao consumo do cigarro?

In this perspective, based on the discussions presented above, the question is: are educational actions strategies for transforming the thinking of gypsy people for the cigarette consumption?

This study aims to provide environments for discussions about the consequences of tobacco consumption for the individual and the community, improving the quality of life of this segment of the population, enabling the sharing of acquired knowledge and experiences with the participants. Thus, it will present positive experiences, encouraging other possible interventions. Therefore, this research aims to carry out educational actions to foster transformations in the thinking of gypsy people for cigarette consumption.

METHODOLOGY

This is a descriptive study with a qualitative approach using action research. The purpose of using the action research methodology in this study is to achieve the proposed objectives, in the search for transformation in the reality observed in the gypsy community by men facing tobacco consumption.

Thus, gypsy men belonging to the Gypsy community “Calon, Rancho de Cima”, from the Jardim Sorrilândia III neighborhood, in the municipality of Sousa, Paraíba (PB), participated in the study. During health interventions in two moments, five gypsy men were interviewed for data collection that took place through the application of semi-structured individual interviews. The planned actions were carried out from the 2nd to the 19th of January 2018, afterward the post-intervention collections from the 20th to the 28th of January of the same year.

The concept of action research is defined as a type of social research, based on an empirical basis formed and carried out directly with an action or in solving a collective problem, so that participants and researchers as representatives of the context are involved in a collaborative or participatory way, that is, it is not determined by action or social group ⁶.

The use of action research allows investigating problems efficiently, reducing the complexities in understanding them, decisions, actions, negotiations, conflicts, and raising

awareness that mark the individuals involved during the process of changing the situation. For the performance of the action research, there must be clear objectives of immediate essence, proposing alternatives or resolution when possible and following the actions that correspond to them, or at least, to make the awareness of those involved in the research to have solutions and obstacles ⁶.

Then, conversation circles were held mediated by playful and interactive activities. After carrying out the actions planned and carried out with the study participants, according to the needs identified and pointed out by the gypsy men, a new collection was carried out with them to evaluate the actions developed.

Collective Subject Discourse (CSD) technique organized the data obtained after the interventions. Such technique is presented as a project of organization and tabulation of qualitative information of a verbal nature, obtained from testimonies, from the analysis of the verbal material collected to extract Central Ideas (CI) and their corresponding Key Expressions (KEX). These testimonies were part of the raw material as one or more discourses-syntheses in the first person singular, better saying, in the first person (collective) singular, where, at the same time that it evidences the presence of the individual of the discourse, makes a collective reference,

because this individual speaks on behalf of a collectivity ⁷.

The study started before approval of the project by the Research Ethics Committee (CEP) of the Federal University of Campina Grande (UFCG), campus Cajazeiras-PB, under opinion No. 2,338,568. The project identification on the Brazil platform (CAAE) with the number 76763317.4.0000.5575.

Before data collection, the participants had to agree with the research and sign the Informed Consent Form (ICF), guaranteeing the confidentiality and anonymity of the information obtained.

RESULTS

The themes for the educational actions were extracted from the previous stage of the action research together with the research participants. They were the existence of damages caused by smoking, such as routine tiredness and insomnia; the addiction and the numerous associated factors; the recurrent factors in the smoking cessation process, and the cultural habit of smoking. As an important aid tool used for the elaboration of the interventions, we used the booklet 40 of Primary Care for the care of the smoker. This material includes several forms of interventions and activities to be carried out in meetings with smokers ⁸.

Thus, the activities took place as planned, following the established schedule, and developed with the collaboration of the researcher and study participants. The use of the action research method proposes direct assistance to individuals in the health education activities and the exercise of teaching practice to contribute to the work process of health professionals, and also to social issues.

The first action took place on January 26, 2018, at 3:00 pm, in front of the home of one of the participants, under the tree, because it was a quiet and peaceful place. We worked on themes at that moment: the existence of damage to health due to smoking: tiredness and insomnia, and addiction, and the numerous associated factors. Three Gypsies participated in this first meeting.

The action followed a script, with themes for better organization of time and applicability of the objectives of the meeting. It started with initial greetings, reinforcing the research theme in which they were participating. Then, the relaxation technique related to stimulation of deep breathing was performed, stimulating the respiratory system, one of the main affected by smoking, connoting feelings of pleasure due to the stresses and anxieties of the day to day, according to reports of the participants.

Soon after, we gave them name tags for identification and use for other actions. The themes were the most profitable moments of

the actions, focused on their daily lives, after a situational analysis regarding the addiction caused by smoking. Initially, we presented the main points about the harm to health resulting from smoking and the results of scientific research on the damage, focusing on the most common diseases, symptoms that develop overexposure to the drug, the components and the effect in the body and among other factors resulting from the use of cigarettes.

However, the speeches during the interventions were not always focused on the bad things but they addressed the health benefits due to the abandonment of the addiction, the reduction of the risks facing the development of serious diseases, and the good coexistence with the society and the family for the smoking cessation. To conclude the first meeting, we asked questions to the participants to determine the theme worked on, we delivered material on the benefits of quitting smoking in 15 years, and snacks as a form of socializing, and we also invited them for the next meeting.

Continuing with the goal of health interventions with male smokers in the gypsy community, the second and last action had an exploratory nature of the feelings of those involved about addiction, cravings, and desires amid the opportunity to debate the theme. Five members participated in this meeting.

With a larger number of participants in the second meeting, we observed the need to

not only work on the planned themes but also to merge the themes worked on in the previous meeting, given the importance of exposing and sharing the problems and needs highlighted. Initially, we performed the initial greetings and relaxation techniques. When we asked them to exercise deep breathing training, some gypsies reported feeling pain in the base of the lungs, another experienced nausea and others reported fatigue. After five minutes, they have stimulated the technique again, but this time, there were no reports of complaints but of pleasure, decreased anxiety, and feeling of lightness.

During the content exposure, they highlighted the harm caused to health by smoking, scientific data on the appearance of diseases, and the involvement of the smoking population. However, when reporting the health benefits due to smoking cessation, the researcher called for them to raise signs containing the words “yes” or “no” after citing the benefits resulting from such conduct, a time of great learning. Then, there were other health benefits after smoking cessation over months and years.

In addition to the themes of the last meeting, the other themes worked on were smoking as a cultural habit and some recurring factors in the smoking cessation process. Gypsies were concise in their statements, exposing the effects of nicotine, the health problems experienced. One of them underwent

a major cardiovascular surgery due to smoking and nevertheless returned to addiction. They reported on the shifts that led them to greater consumption of tobacco, early in the morning and at night when they are working. Furthermore, according to their reports, when they drink coffee and when they are playing cards, they smoke at least two cigarettes in a shorter time.

After this debate, we addressed the issue of smoking as a cultural habit with considerations by the participants about their strong exposure and being something relevant and present in gypsy communities. Despite these factors, the number of smokers over the years has declined considerably in that community due to the awareness of young people about the harm caused by tobacco, and the awareness of those who still practice it.

Starting with the educational activities focused on the last theme, we used images to better show the proposition of the exposed. Four topics were chosen: doubts to stop smoking, weight gain, cough, and Chronic Obstructive Pulmonary Disease (COPD). After being introduced to this whole approach, we proposed a new relaxation technique. The technique aimed at distributing heat from the feet to the head, with the aid of concentration. The reason for this chosen technique is to cool the extremities when the smoker is consuming the drug.

Soon after the performance, the participants were informed about the results, they reported being a great sensation, they felt distant from that place providing tranquility and comfort. As a conclusion of the meeting and to fix the content worked on, five envelopes were used in each one containing a question about the themes, and below a motivational phrase, each participant was invited to remove an envelope, read the question and answer the others.

After the interventions, we sought to analyze whether the actions had an impact on the understanding of the gypsy home in smoking. Thus, we conducted interviews with the participants of the actions, which originated a category of discussion called satisfaction and importance of health interventions in the community. The following speech reports on satisfaction and due importance given to health interventions in the gypsy community. For the structuring of the CSD, five gypsies participated.

Satisfaction and importance of health interventions in the community

CSD: For me, it was a great experience. It was great, a good study. It was a great opportunity that we Gypsies had. Because nobody has ever come here to do this with us, give us the information you gave us about tobacco. I learned many things. We feel good, you came

here to our community, call us, bring us together, demonstrate something that is affecting us, which is smoking, is smoking. It was very important, you explained well what could happen with smoking, what was the problem of lung cancer, throat problems, shortness of breath, clogged veins, that the smoke we swallow harms people's health, mainly from the heart, giving a heart attack and going to die, I found that very interesting. You had a dialogue with us alerting us to the risks of death, taking people out, saying that smoking affects the heart, the lung, intestine, everything. People who had a smoking mind, who do not want to quit, there are already some who are already saying that they will not smoke anymore.

DISCUSSION

The CSD shows the importance of addressing issues related to the daily problems of the community, through interventional health education actions. Concomitantly, there is a lack of health care aimed at raising the awareness of smoking users, for the damage caused to health, based on the use of active methodologies in which the participants feel included in the process of sharing knowledge and experiences.

Active learning occurs through the individual's interaction with the studied topic, encouraging them to build knowledge instead

of passively receiving it. Applying learnings in contexts other than those in which they were obtained will require more than simple decoration or a mechanical exercise solution. It will require mastery of concepts, the flexibility of reasoning, and skills of analysis and abstraction. When carrying out such reflections, there will be greater clarity about the content. In the future, this constructed knowledge will not need to be resumed, only remembered as occurred in health actions carried out in the gypsy community⁹.

This type of learning based on adversity facilitates the individual's teaching-learning process by allowing the use of intuition for research and creation, which allows the development of reasoning, research, and problem-solving. The definition of the use of this teaching-learning strategy requires different postures from the traditional, both of the issuer and of those who are receiving the information, so that critical reflection on the themes can be developed, aiming at the effective participation of people so that they can reflect reality, rethinking and building concepts¹⁰.

The educational actions developed using the active methodologies seek to promote reflection and understanding of the topics covered, proving to be a relaxed and effective method for stimulating the participation of gypsy men, and promoting absorption through

the exchange of knowledge and conversation. This dynamism enables the individual to be valued beyond his biological aspect, but also as an emotional, spiritual, and social human being. Thus, the educational actions should be planned to aim at the whole and in a constant way so that it is possible to achieve its objectives not only to prevent diseases but to be able to promote health based on the empowerment of the community and the individual so that they are protagonists in the improvement of their living and health conditions¹¹⁻¹².

Given the CSD, we noticed that the educational actions developed in this research achieved a satisfactory result when the participants' discourse was analyzed because they were dynamically planned, in which there were conversations and exercises, making the moments pleasant and less tiring. Also, all the moments for discussing the problem of smoking took place in a conversation circle, to promote dialogue between gypsy men, breaking the idea that only one person had knowledge, which contributes significantly to the approach of the theme.

The awareness of the participants about health damage starts from the approach of the main impairments to the well-being of those who practice them, contained in the structured dialogue and evidenced in the CSD, when referring to the main approaches, such as

respiratory and cardiovascular problems, which can appear gradually or suddenly.

Smoking is a direct precedent of deaths from Chronic Obstructive Pulmonary Diseases (COPD) such as bronchitis and emphysema, from several types of cancers, such as those of the mouth, stomach, pharynx, and mainly lung, from coronary and cerebrovascular diseases, such as the Cerebrovascular Accident (CVA). It also increases the risk of developing other diseases, such as tuberculosis, respiratory infections, gastrointestinal ulcers, sexual impotence, infertility in women and men, osteoporosis, cataracts, among others ¹³.

COPD is a disease characterized by chronic limitation of respiratory outputs, which is not completely reversible, accompanied by breathing difficulties, coughing, and increased sputum production. The airflow limitation is usually progressive and is associated with an inflammatory response of the lung parenchyma to harmful particles or gases. We know that the main triggering factor for COPD is tobacco smoke. It is recognized that 80% to 90% of individuals with COPD are smokers ¹⁴.

Lung cancer is the second most common in men and women in Brazil and the first worldwide since 1985, both in incidence and in mortality. According to the World Health Organization (WHO), 5.4 million deaths per year are caused by lung cancer, cardiovascular diseases, and other causes associated with smoking that is the biggest

cause of predictable deaths. The risk of lung cancer and death from the disease increases the greater the intensity of exposure to smoking. Tobacco use causes exposure to a lethal mixture of more than 4,700 toxic chemicals, including at least 50 carcinogens ¹⁵.

The association of the individual with smoking triggers respiratory changes such as an increase in respiratory rate and a fall in peak flow. These changes are explained by the acute inflammatory process of bronchoconstriction. Due to these changes, an individual may have implications for tissue distribution, cough, throat clearing, accumulation of secretion, shortness of breath, among others. Due to these factors, the individual's aerobic capacity is reduced by up to 12%, due to the high concentration of carbon monoxide in the blood ¹⁶.

From the proposals presented and worked on smoking with gypsy men in the community, the feeling by this population of not being included in ministerial programs is recurrent, whether due to the absence of health professionals in the community or not seeking health services ¹⁷. This non-insertion is clear in the CSD when the participants say that they had never had this experience of learning and debating on the topic.

The satisfaction reflex evidenced in the discourse arises from the proposal of motivational nature permeated in educational actions, where there is an approach to the main

health problems that may affect them and linked to this theme, involving the proposals for smoking cessation. Therefore, when dealing with groups related to lifestyle habits that are not beneficial to health, it is necessary to work and increase the motivation of users for behavioral changes and encourage them to seek treatments.

CONCLUSION

The development of the following study provided analysis and discussion of the experiences of the gypsy man regarding cigarette consumption, providing the opportunity to share acquired knowledge, experiences and attribute educational actions to encourage the rethinking of Gypsy men for tobacco consumption.

As a result of the study, we found the lack of contact and knowledge of gypsy men who are smokers to the mentioned types and forms of treatments, considering that this study did not have the character of offering treatments, but of raising awareness and promoting ways to act smoking to gypsy men. We observed the difficulties of breaking barriers of a hegemonic practice based on the medical-assistance model, aimed at the specific cure of the disease.

Given the actions, we need to observe the obstacles experienced for the continuity of the research, mainly the health actions that

were diverse such as the lack of interest and the small number of participating men, but enough for the performance and debates about the proposed themes. We also should pay attention to the number of participants that in each of the two actions performed was different. This condition also is a limitation of the study. Another factor is that the research refers to a secular addiction, in which reports of gypsies who lived more than 100 years are known to be smokers, such discourse is used by some to show that smoking does not cause harm to health.

We suggest approaches on smoking more broadly, connoting aspects of addiction and we recommend that other studies to come may take directions of interventionist research, from the identification and recognition of the reality to be researched, contributing to the forms of acting on people facing behaviors prone to risks that directly affect health. Thus, we propose not only to awaken research aimed at the gypsy population but also to promote spaces for discussions about this issue, encouraging the planning of health strategies to be implemented by health professionals.

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