



## **National policy for the integral health of the black population (PNSIPN) and the adherence of the black population to health services**

### **Política nacional de saúde integral da população negra (PNSIPN) e a adesão da população negra aos serviços de saúde**

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### **ABSTRACT**

Although the black population represents the majority of the inhabitants of the country, this group still deals with the most diverse types of discrimination and racial inequality, and when it comes to health, this reality is no different. Later the Ministry of Health recognized that these differences were also an aggravating factor in the health of this population, thus using studies to highlight these inequalities and creating in 2009 the National Policy of Integral Health of the Black Population (PNSIPN). It is necessary the production of scientific knowledge about the health of the black population for the continuous improvement of the PNSIPN, as a way also to overcome racism and denounce the violations of rights to health and life, so this study seeks to highlight how the adherence of the black population to health services. In this study we chose to be a qualitative literature review in order to identify productions on the theme PNSIPN and the adherence of the black population to health services. Research shows that racist attitudes in health services are not sporadic facts, it is something recurrent and that make up a vicious circle that separates people,



and dehumanizes them by keeping them away from their rights. In summary this research contributes to consolidate the scientific knowledge produced by Brazilian researchers about the health of the black population and reinforce this theme in order to be listed in all possible places, until the whole society understands how harmful racial inequality is, and in a rational way face it and extinguish it.

**Key-words:** Black population health, Racial inequality, PNSIPN.

## 1 INTRODUCTION

Since colonial times, there has been discrimination against racial-ethnic groups, which used to be manifested in the imposition of a lifestyle and slavery, unfortunately today, despite the black population representing the majority of the country's inhabitants, this group still deals with the most diverse types of discrimination and racial inequality, and when it comes to health this reality is no different (COSTA, 2019).

Much of the black population occupies less qualified and worse paid positions in the labor market; they live in areas that lack basic infrastructure services, suffer even greater restrictions on access to health services and these, when made available, are of poorer quality and less reparability (SILVA et al; 2020). Studies show that the black population is more susceptible to various comorbidities due to multifactorial causes, the main one being the social condition in which this population is inserted, where there is usually a difficulty for these individuals, their groups and families to access housing, sanitation, education, employment, culture, leisure, protection and others; It is observable the veracity of this information in the precocity of deaths of this class and the exuberant amount of chronic and infectious diseases that affect this population (FUNASA, 2006).

According to Article 196. Of the federal constitution "Health is a right of all and duty of the State, guaranteed through social and economic policies aimed at reducing the risk of disease and other injuries and universal and equal access to actions and services for its promotion, protection and recovery." However, until recently, there was strong opposition to the understanding that these differences could be, at least in part, attributable to racial inequalities existing in Brazilian society and only from the year 1990 the country began to recognize racial differences as a factor in social inequality (SILVA et al; 2020); Later the Ministry of Health recognized that these differences were also an aggravating factor in the health of this population, thus resorting to studies that showed these inequalities and creating in 2009 the National Policy of Integral Health of the Black Population (PNSIPN) that emerged with the general objective of Promoting the integral health of the black population, prioritizing the reduction of ethnic-racial



inequalities, combating racism and discrimination in institutions and services of the SUS (PNSIPN, 2009).

The PNSIPN has historical importance, being an instrument that allows the insertion of racial issues in the implementation of health policies, recognizing racism as part of the determination of the health-disease process, outlining a commitment of the state to address racial inequalities in the management and organization of services as well as in health care practices. The policy recognizes institutional racism as an ordering element of inequities in health and the need for adequate access of black people to these services (ANUNCIACÃO, Diana et al. 2022).

In the general context, the implementation of this representative policy emerges as an important tool in restructuring the health of this group in an attempt to ensure and expand the access of the black population to health services, yet currently studies show a high rate of illness and death of this population, so it is necessary the production of scientific knowledge about the health of the black population for the continuous improvement of the PNSIPN, as a way to overcome racism and denounce the violations of rights to health and life, so this study seeks to highlight how is the adherence of the black population to health services.

## 2 MATERIALS AND METHODS

There are several ways to reflect on the production of knowledge in an area.

In this study, we chose to be a qualitative literature review in order to identify productions on the theme PNSIPN and the adherence of the black population to health services. This type of study allows the knowledge on a given subject to be identified, analyzed, and succinctly presented, highlighting its relevance.

The review was carried out in the SciELO (Scientific Electronic Library Online) and Lilacs (Latin American and Caribbean Social Sciences Literature) databases using the following descriptors: black population's access to health services; black population's health, PNSIPN and health inequality.

To carry out the research, four stages of selection were established, as follows: 1) delimitation of the research theme: National Policy of Integral Health Care for the Black Population and Black Population's Access to Health Services. 2) definition of the factors for inclusion and exclusion of studies, using the following aspects for inclusion criteria: greater coverage of the proposed theme, Brazilian publications, written in Portuguese, articles with abstracts and full texts available for analysis, year of publication, with those more recent being selected, within the proposed period of 10 years (2012 to 2022). Using as exclusion criteria were



eliminated: repeated productions (between databases) and that did not respond expressively to the main question of the study, were also excluded genetic and anthropometric studies that did not link directly or indirectly, their discussions with the themes of national policy, studies available in incomplete form, not free, and that exceeded the proposed period.

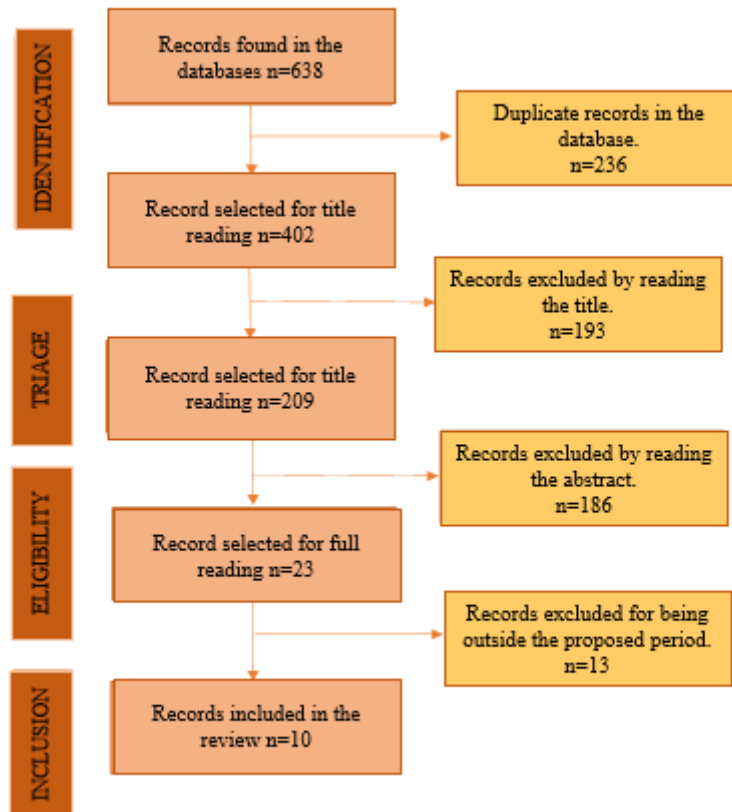
3) analysis of the findings: the initial analysis was done based on the reading of their titles and abstracts, extending to the reading in full of those that the subject was pertinent to the proposed theme. 4) identification of the central ideas of each article and interpretation of the results:

In this step, a thorough reading of the proposed objectives of each article was carried out in order to identify their central ideas and analysis of their conclusion to evaluate if they were widely contemplated. For the organization and tabulation of data, a collection instrument was prepared containing: title, journal, year of publication, and authors.

### **3 RESULT AND DISCUSSION**

Through searches of the databases 638 articles were found, of these 236 were deleted for duplicity, 402 were selected for reading the title, and then excluded 193 records in which the title did not fit with the theme and/or objectives of the study; 209 studies were selected for reading the abstract, and then 189 were excluded for not meeting the inclusion criteria. Finally, 23 records were considered eligible and were selected for full-text reading; 10 of these were included in this review. Figure 1 shows the flowchart addressing the stages of study selection.

Figure 1. Flowchart containing the steps of the literature review of this study. Ceres, Goiás, Brazil, 2023.



Source: Prepared by the authors based on the selection of works.

Table 1 shows the characteristics of the studies included in this review, with the following items: title, author, year of publication, database, main considerations and research theme.



Table 1. Presentation of the selected works, title, author, year of publication, database, main considerations and research theme.

TOPIC	AUTHOR(S)	YEAR OF PUBLICATION	RESEARCH METHOD	DATABASE	CONSIDERATIONS
<b>National Integral Health Policy for the Black Population: implementation, knowledge and socioeconomic aspects from the perspective of this population segment</b>	NETO, José et al.	2015	Quantitative descriptive cross-sectional study.	Scielo	In general, the evidence raised in this study suggests that the cycle of the PNSIPN is incomplete. Thus, this theme should be addressed in new research in order to assess the effectiveness and generate subsidies for the improvement of similar policies
<b>Inequalities in Health: a global perspective</b>	BARRETO, Mauricio	2017	Thesis	Scielo	In Brazil, despite the absence of information disaggregated by race or ethnicity or that when collected, it is known that black men and women will suffer more severely the impacts of the pandemic and its various negative outcomes. In the text we recover historical aspects and their relationship to the conditions of vulnerability of the black population and present an agenda of specific actions to combat racism and its devastating consequences in the context of Covid-19.
<b>Conceptions and practices of education and health of the black population: an integrative review of the Brazilian literature</b>	RIZZO, Tamiris	2019	Literature review.	Lilacs	Analyzes the scientific production on the theme of health education related to the health of the black population has occurred in a heterogeneous manner in recent years, in various regions of the country and is scattered among journals in the areas of education, health education, and interdisciplinary.
<b>Access of the black population to health services: integrative review</b>	SILVA, Nelma et al	2020	Literature review.	Scielo	Highlight and discuss how the black population has access to health services.



<b>Black population and Covid-19: reflections on racism and health</b>	SANTOS, Marcia et al.	2020	Dissertation	Scielo	Contribute to the reflection regarding the impacts of the Covid-19 pandemic on the black population, having as a trigger the urgent need to analyze the asymmetries that this global health emergency produces, particularly in contexts of social inequality, as is the case in Brazil, where the population in situations of social vulnerability may be represented by the majority of the black population
<b>Institutional racism: violation of the right to health and demand to the Social Service</b>	SILVA, Helena et al	2021	Literature review.	Scielo	The characteristics of the vulnerabilities and inequalities that limit the access of the black population to health services and configure institutional racism are analyzed, as well as the legal and operational frameworks structured, based on the PNSIPN, and incorporated by the Social Service to institutionalize an anti-racist culture also in professional training and practice
<b>Voices that echo: racism, violence and health of the black population</b>	BARBOSA, Raquel et al.	2021	Experience Report	Scielo	The importance of addressing this issue in Primary Care is discussed. Data on health inequities caused by racism and the importance of addressing this issue in the training process of health professionals are rescued, emphasizing the centrality of the National Policy of Integral Health of the Black Population. Finally, the experience obtained with the project is reported, understanding that it was inserted in an important process of breaking the cycles of racial violence.
<b>(Des)caminhos na garantia da saúde da população negra e no</b>	ANUNCIÇÃO, Diana et al.	2022	Critical essay	Lilacs	It analyzes the importance of broadening the debate and the production of knowledge about the



<b>enfrentamento ao racismo no Brasil</b>					health of the black population (SPN), focusing on two points: the role of the National Policy for the Integral Health of the Black Population (PNSIPN) and the importance of the insertion of the color question in health information systems; and the need for a process of permanent training of professionals, inserting content related to understanding racism as one of the elements of social determination of health/disease and its effects.
<b>Gender, race and class in Brazil: the effects of structural and institutional racism in the lives of black people during the covid-19 pandemic</b>	SANTOS, Fernanda et al	2022	Literature review.	Scielo	This research aims to analyze the statistical data concerning racial inequality in Brazil during the pandemic period of Covid 19. In this regard, it is concerned with the consequences of the pandemic for the deepening of social asymmetries between blacks and non-blacks. According to the variables gender, race, class and region
<b>Course of the Implementation of the National Policy for the Integral Health Policy for the Black Population in Brazil</b>	OLIVEIRA, Larayne et al.	2022	Literature review.	Scielo	This study highlights the need for concrete guarantees of participation by the black population, making it possible to give visibility to the inequities. It seeks to cooperate in the sense of proposing changes in the quality of management of the integral health of the black population and other measures to repair this situation in the struggle for the conquest and guarantee of rights.

Source: Prepared by the authors based on the selection of works.

Analyzing Table 1, it is notable that the production of articles involving this theme is still scarce, given the complexity and importance of this issue. With regard to the year of production





of articles, it is observed that the findings were published predominantly between the years 2020 to 2022, noting that this theme began to be addressed late, taking into account that only three studies were found that met the inclusion criteria in the period 2015 to 2019. however, it is clear that there is still much room for improvement of knowledge, not only with regard to the PNSIPN, but especially in relation to health inequalities based on stigmatized stereotypes.

The articles were also classified according to the methodological approach used, being preponderant the literature review / narrative method in which 2 of these scientific articles were found in the LILACS platform and 7 in the SCIELO platform, succeeded by 1 dissertation in the same platform.

As for authorship, there is a predominance of articles written by undergraduates in social services, followed by doctoral students in social sciences, among the selected publications only 1 was prepared by nursing undergraduates. It is worth emphasizing the importance that nursing, as health care professionals, has in producing useful information and learning about this topic, since it is the professional present throughout the care process and responsible for continuing education for primary care teams.

#### **4 FACTORS LIMITING ACCESS TO HEALTH CARE**

Access to health despite not being the only determinant of a good and healthy quality of life, is an essential element to maintain and/or reestablish a standard of good health, because it refers to the opportunity to use services in circumstances that allow the appropriate use of them, however despite the insufficient scientific production on the health of the black population, some studies show that racial prejudice is one of the main causes of non-adherence of this class to health services.

For Almeida (2019) the concept of racism is classified into individual, structural and institutional. The author attributes individual racism to isolated situations, manifesting itself mainly in the form of direct actions, already in the structural sphere understands, that racism stems from the social structure itself, that is, it is a consequence of how interpersonal relationships are constituted, as for institutional racism is not limited to individual behaviors, but is the result of the functioning of institutions, which begin to act in a dynamic that assigns, disadvantages and privileges based on race even if indirectly.

According to Barbosa et al 2021, the manifestations of racism are present in several situations, from the training of health professionals, which still does not address this issue as they should, to the care provided to the population, which can be marked by the non-recognition of



the particularities concerning the health of this group and by dehumanizing treatment based on the stereotype of this individual.

Research shows that racist attitudes in health services are not sporadic facts, but recurrent and that make up a vicious circle that separates people, and dehumanizes them by depriving them of their rights. The institutional racism often manifests itself with public humiliation, verbal abuse and even direct offenses, these studies show that most health professionals are based on common sense, in which they believe that black people have a greater resistance to pain than whites, subjecting them to situations of pain, discomfort and embarrassment from moral judgments, by having a marginalized view of this population, especially when it comes to women's health care where most of the time they are labeled as procreative and negligent. Other studies reveal through experience report the presence of institutional racism on the part of professionals, at the time when they underestimate the cognitive capacity of this class by not promoting clear and concrete explanations about their clinical picture, or when they refuse to look, touch or promote any kind of treatment that person, and if performed with the use of derogatory expressions and without following standards of necessary protocols, according to the same are situations like this and the difficulty in feeling welcomed that results in the absence of such demand or late search for health services.

Another factor that limits the adherence of this population to health services is the lack of knowledge of professionals regarding the National Policy of Integral Health of the Black Population (PNSIPN), which, based on diversity, aims to include and address the special needs of this population segment and ensure equitable access to institutions; however, the lack of implementation does not allow the identification of health problems of this community, generating a series of consequences for not granting a qualified record of data expressing their specific needs and allowing actions and projects to be created to repair them.

Oliveira *et al* 2022 emphasizes the importance of the knowledge and implementation of the policy, since it was a milestone in the anti-racist fight inserted in society over many years, where it reaffirms the guarantee of equity in the implementation of human rights to health in all aspects of prevention, treatment, and recovery of diseases and communicable and non-communicable diseases, including those most prevalent in this population segment.

Corroborating the author, Neto *et al* 2015 also addresses the relevance of a wide dissemination of the policy since it addresses particularities concerning this group due to the intense miscegenation that occurred in the Brazilian territory, which determined genetic diseases, in addition to unfavorable socioeconomic factors.



It is essential to emphasize that:

It was through the PNSIPN that part of the demands of the Black Movement were institutionally absorbed, in the sense of exposing institutional racism and reorganizing the SUS to systematically confront discrimination. The initial actions for its implementation involved: a) training of human resources; b) inducing political will to face racism as a crime, creating and enforcing control and punishment mechanisms for cases of refusal of attention and preservation of human rights in health institutions. (SILVA, 2021).

However, even though it is an extremely relevant policy, research shows that by 2019 it had been implemented in only 57 of the 5570 Brazilian municipalities, showing the government's negligence in overseeing and making it essential to its implementation, as a result, there is also no interest on the part of professionals in making it indispensable, or obtaining knowledge, since most of these health workers even know of its existence; This shows that the absence of continuing education for health professionals regarding this theme is quite evident, and is marked by the difficulty of these professionals to deal with diversity and recognize the specific needs of each segment of the Brazilian population..

## 5 FINAL CONSIDERATIONS

In light of the above, it is evident that the access of the black population to health services has several factors that limit their adherence, barriers that subject the black body to unfavorable social conditions, which hinders the prevention, promotion, care and rehabilitation of health and, although it is an important issue in the public health field, it is possible to observe that it shows a deficit, presenting little space and interest in discussions that address this issue and show how this situation is present both in our country and in our daily lives and how they significantly affect the health-disease process, through this produce information about racism and its impacts can improve health management, facing the failures and limitations to meet the goals set out in the policy.

It is suggested the inclusion of the ethno-racial theme in the curricular components aiming to encourage the production of scientific knowledge so that there is proper professional training, as well as continuing education since the formation of the whole team, especially those working in primary care, since it is the gateway that aims to prevent health problems, so that they can pay attention to the forms of care they are using to deal with diversity.

Thus we emphasize that facts such as the lack of adequate promotion of specialized services, lack of knowledge of diseases prevalent in the black population, lack of indicators in information systems and especially the non-recognition of the existence of racist practices are



the result of non-implementation of the PNSIPN, so its insertion in health services and proper training of its professionals becomes essential.

In summary, this research contributes to consolidate the scientific knowledge produced by Brazilian researchers about the health of the black population and to reinforce this theme so that it is listed in all possible places, until the whole society understands how harmful racial inequality is, and in a rational way face it and extinguish it.



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