


SOCIO-ANTHROPOLOGY OF HIV/AIDS, ETHNIC-RACIAL CONTEXT AND NURSING CARE <https://doi.org/10.56238/sevened2025.021-013>**Marta Giane Machado Torres¹****ABSTRACT**

Dialogues, studies, ongoing disciplines. Readings of decolonial theories. Dimensioning of different situations of oppression, defined from ethnic or racial boundaries, following, among these, the contributions of Lélia Gonzalez, Julieta Paredes and Zélia Amador. Women of political and intellectual insertion who deepen historical nuances about Latin America and theoretical basis of invisibilities of black populations, especially those who live in the northern region of Brazil. Approaches to contribute to PhD questions. Feasibilities to decolonize the understanding of reality imposed by the domination of power, knowledge, and being, which are very much the basis of our epistemic logic. The structure of this study follows a development based on texts that dialogue with the decolonial epistemological understanding along with the research project. It is set in the interaction between society, Nursing and the dimensioning of the social practice of this profession in the Amazonian territory. Scope of theoretical discussion and Nursing among its multiple insertions of care for the individual and community. From social nursing to the encounter of knowledge, from intellectuality in the face of people's relationships in their cultural contexts. Interaction and doctoral propositions in Home care: interface between Nursing, 'living' with HIV/AIDS and therapeutic home care. Documenting health care among people and nursing professionals using anthropology as a tool to understand health practices. We aspire that Nursing establishes itself in this field of knowledge and that it also formulates incisive criticisms of reductionist concepts and practices.

Keywords: Collective health. Amazonia of Pará. Racism. Social anthropology.

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INITIAL REFLECTIONS

Dialogues, studies, ongoing disciplines. Especially about the readings of decolonial theories. From this path, we chose to dimension different situations of oppression, defined from ethnic or racial borders, following, among these, the contributions of Lélia Gonzalez (2018), Julieta Paredes (Spyer et al, 2019) and Zélia Amador (2019; 2020). Women of political and intellectual insertion who deepen historical nuances about Latin America and theoretical basis of invisibilities of black populations, especially those who live in the northern region of Brazil.

These studies raise the need for approaches that can contribute to doctoral questions. As a guiding thread that opens doors to decolonize the understanding of reality imposed by the domination of power, knowledge, and being, which are the basis of our epistemic logic. By readjusting, disciplining by assemblages masked by stories of heroism according to understanding also subsidized by complementary readings such as that of Anibal Quijano (2005). The structure of this study follows a development based on texts that dialogue with the decolonial epistemological understanding, as identified in the writings of these thinkers.

In dialogue with the research project. Contextualized in theoretical reflections and struggles against colonial oppression. Much expressed by the violations of social rights to education, health, and work (Spyer et al, 2019). It is set in the interaction between society, Nursing and the dimensioning of the social practice of this profession in the Amazonian territory. Scope of theoretical discussion and Nursing among its multiple insertions of care for the individual and community. From the thesis proposal Social nursing to the encounter of knowledge, intellectuality in the face of people's relationships in their cultural contexts.

Epistemologies, daily life, suffering, the experience of the other, health services and care. Interaction and doctoral propositions in Home care: interface between Nursing, 'living' with HIV/AIDS and therapeutic home care. Documenting health care among people and nursing professionals using anthropology as a tool to understand health practices. In a service called the Specialized Reference Unit for Special Parasitic Infectious Diseases (UREDIP), in Belém, Pará state. Supported by counter-hegemonic, decolonial studies, by a Nursing to enhance the struggles for Amazonian Good Living (Torres, 2022). PhD linked to the Graduate Program in Sociology and Anthropology (PPGSA) at the Federal University of Pará (UFPA). Under the guidance of Professor Mônica Conrado Prates.

We aspire that Nursing establishes itself in this field of knowledge and that it also formulates incisive criticisms of reductionist concepts and practices. Applied to Afro-indigenous territoriality, where nursing knowledge is strengthened in anthropological paths. With potential intersection between morbidities in the Amazon environment and affirmative public policies that subsidize health and humanities actions in the context of infection and illness caused by HIV/AIDS and other comorbidities (Torres, 2016). Connected in the fight against injustices, elimination of racism and respect for the unrestricted autonomy of native peoples (Conrado *et al.*, 2015; Krenak, 2019; Alves, 2020).

We add that this study was presented at the V International Seminar on Latin America and the Caribbean in 2024. Under the same title, this article contributed to the discussions of the working group Racisms, colonialisms and diasporas in the history of Latin America and the Caribbean (WG 08). An opportunity that provided an exchange of knowledge and experiences between the members of the group and a theme addressed in the doctoral process ². For publication in this scientific journal, we present updated data and information.

SOCIO-ANTHROPOLOGY OF HIV/AIDS, NURSING AND THE ETHNIC-RACIAL ISSUE

The HIV/AIDS epidemic and other aspects that involve the treatment of this disease. Adding to what has been studied, debated, and guided by research around the world and in Brazil. Especially with regard to the area of Social Sciences and Collective Health, with emphasis on studies in the field of health and the care protagonism of professionals who dedicate themselves to daily work. To meet the paths of the state of the art, bibliographic analyses that contemplate the socio-anthropological evolution in the context of HIV/AIDS therapy and possible consequences for nursing-mediated care.

From these surveys, impressions of the first decade of the social facts of the AIDS epidemic and the development of knowledge by the scientific communities are listed. Among these studies is the thesis on AIDS and the cleavages of the world order: a proposal for the anthropology of science. And Science, power, action: the answers to AIDS. Writings and productions by anthropologist Cristiana Bastos corresponding to global responses to AIDS. The epistemological investment of Bastos (1997; 2002) brings contributions in the field of social medicine in the state of Rio de Janeiro in its global articulations. A local ethnography with a world-system. In his view, the study in question brings together the world of Anthropology far from ethnographies linked to domination. Of exoticisms without a context of colonial domination, as he reaffirms in a recent interview (Miller, 2022).

These deepenings substantiate other studies that deal with the evolution of AIDS globally, as well as the expressiveness peculiar to certain contexts. Such as the foundations such as that of Sanabria (2013). In HIV Denialism and Access to Antiretrovirals in South Africa, a doctoral thesis, this researcher establishes a correlation with studies by Cristiana Bastos and other authors who are dedicated to detailing the intricacies of the global response to HIV/AIDS:

For Bastos, as for Mann & Tarantola, the reactions that followed the emergence of AIDS are understandable as a result of the way in which the epidemic was

² See Annals V SIALAT, p. 2095-2114 at: <https://sialat2024.com.br/wp-content/uploads/2024/07/GT08-COMPLETO-1.pdf>

characterized. By 1985 it was already evident that the epidemic had many more implications, beyond the idea, prevalent in North American epidemiological circles, that it was a phenomenon that affected exclusively white and urban homosexuals. In Europe, according to Bastos, the understanding was different: the manifestations of the disease on that continent pointed to Africa, since many of the first patients of the new syndrome came from there. An African link seemed more plausible to European scientists than a homosexual one. To the American researchers, however, this idea was as bizarre as the idea of it being a "homosexual disease" seemed to Europeans and Africans. And so, two representations of two epidemics were drawn, one of American homosexuals and the other of Africa in general. This polarization would persist (Sanabria, 2013, p. 219).

The author in question draws attention to what has been produced on the subject addressed here. Referring to the AIDS chronology since 1980³, where a considerable part of the information focuses mainly on the emergence of the so-called "risk groups", omitting, in his understanding, other details of the history of the disease.

Almost two decades after the beginning of the epidemic, Mann & Tarantola (1998) noted how the global response to HIV/AIDS illustrates the fact that the way a problem is defined determines what we believe can be done and what is actually done to address it. At the end of the 1990s, these authors proposed four phases to characterize the global response to HIV/AIDS: from being considered as a "danger" about which it was necessary to be alert, it began to be seen as a problem of individual behavior, then as a question of behavior, but "socially contextualized" and, finally, it became a subject fundamentally linked to human rights (remember the Nevirapina case presented in the first section). For these authors, "the response to HIV/AIDS recapitulates the history of Public Health and how it has faced and needs to address the challenges of human behavior". Bastos (2002, p. 36), in turn, points out that the dominant perspective of AIDS defined the epidemic based on a number of variables relevant to "developed countries" and others to "developing countries". In the former, the existence of "risk" in certain social groups was emphasized due to individual behaviors, such as homosexuality and the use of injectable drugs. In the latter, the explanation of the disease included social variables such as poverty, deprivation, labor immigration, and explosive urbanization. However, according to this author, data from the "developing world" were not taken into account in the theoretical and methodological formulations in the epidemiology of AIDS on a global scale. Thus, epidemiological variations in Africa "were domesticated by the definition of an African pattern II, idiosyncratic and heterosexual reference" (Sanabria, 2013, p. 218).

The focus of her thesis and article (Sanabria, 2017) portrays the AIDS debate in South Africa. Since the implementation of a national program, developments and conflicts around the case of the drug Nevirapine have been related, above all, to the protagonisms of women versus sexual rights and reproductive rights:

The testimonies presented by the TAC representatives included the technical opinions of experts from areas ranging from pediatrics, pharmacology and epidemiology to public health, economics and statistics. Other documents presented by TAC consisted of testimonies from doctors, nurses and counselors who dealt daily with the "human tragedy" of mothers living with the HIV virus and their babies. They also included "heartbreaking accounts" of HIV-positive women who "begged for access to nevirapine for themselves and their babies" in public health institutions where the supply was prohibited (paragraph 6). [...] This change in South African

³ Internet portal <https://www.beintheknow.org/understanding-hiv-epidemic/context/origin-hiv-and-aids>

public policy on HIV and AIDS would represent a new moment in the official response to the epidemic. However, the mishaps of the effective implementation of a national program and the unfolding of this conflict over the following years would demonstrate that the Nevirapina case would emerge as a harbinger and at the same time a synthesis of what would become known as the "AIDS debate" in South Africa (Sanabria, 2013, pp. 46, 65)

Advancing in the line of state of the art of this field of research, the study by Oliveira (2020) mapped and researched in the CAPES Catalog of Theses and Dissertations Brazilian studies on HIV/AIDS in the area of Social Sciences in the 28-year period of the HIV/AIDS epidemic. PhD study entitled HIV/AIDS research in the Social Sciences: an analysis of Brazilian theses and dissertations (1990-2018). The results of their analyses point to therapeutic and care practices as less frequent themes. As well as the lack of studies with the black population and indigenous people. Relevant results regarding the ethnic-racial context of the socio-anthropology of HIV/AIDS are the focus of this analysis.

This study presents a compilation in which Brazil stood out as a model for its policies of diagnosis and free treatment. However, he points out, respecting gains and achievements, the reality of recent times points to setbacks, conservative governments in the national territory and in other regions of the world. This compilation presents a connection between the sciences and the policies that enabled effective strategies to cope with the disease. Such as the feasibility of international funds for funding research and Non-Governmental Organizations (NGOs). Creation of the Joint United Nations Programme on HIV/AIDS (UNAIDS), diagnostic tests and medicines; Clinical trials based on ethics and drugs with reduced prices, fluidity in the use of antiretroviral therapy that makes HIV a chronic disease.

Despite recent scientific advances in HIV treatment and prevention (DAVIS; SQUIRE, 2010)³, a preventive vaccine or universal cure has not yet been achieved and challenges related to diagnosis and treatment persist (PARKER, 2015). For these reasons, UNAIDS (2018) estimates that 74.9 million people were infected with HIV and 32 million died from AIDS-related diseases from the beginning of the pandemic to the end of 2018. The international agency also estimates that 37.9 million people around the world are currently living with HIV, to a greater or lesser degree of vulnerability. (Oliveira, 2020, p. 230).

Another analysis that contributes to the purposes of this study addresses a dossier of ABRASCO (Brazilian Association of Collective Health) organized by the STD/HIV/AIDS Working Group, Policies and Subjectivities of the editions of the Brazilian Congress of Social and Human Sciences in Health, in the years 2013 and 2016. The article entitled HIV/AIDS: sexualities, subjectivities and policies, elaborated content resulting from debates in Collective Health (Mora *et al.*, 2018). They precisely point out the results of the actions and purposes of the Commission of Human and Social Sciences in Health of ABRASCO in

collaboration with several institutions and their Graduate Programs such as: Collective Health of the Institute of Social Medicine/UERJ; Anthropology and Sociology/UFPB; Child and Women's Health of the Fernandes Figueira Institute/Fiocruz; Psychology/UFPE. The article, the result of these institutional research articulations, sustains reflections in the face of the fourth decade of the epidemic in Brazil. Among other issues, they dimension milestones and transformations in the discourses and strategies of prevention and care in the context of HIV/AIDS.

This analysis provided by Mora *et al.* (2018), its analytical content thrives beyond the epidemiological view in very imperative studies related to the HIV epidemic interrelated with AIDS disease. This study maintains that the Brazilian state under the aegis of the Social Sciences, Humanities and Collective Health has produced a vast literature on HIV/AIDS, policies and subjectivities since the beginning of the epidemic. These analyses have contributed to relativizing concepts elaborated by epidemiology. By enabling the understanding of the meanings attributed by the subjects to the disease. Resulting in the construction of plans and policies closer to cultural realities.

It is worth adding that the article by Mora *et al.* (2018) was one of the studies that anchored a paper presented at the 13th ABRASCO Congress as a⁴ report of my studies in dialogue with the field diary. I addressed the analysis from the nursing consultation and a brown woman living with HIV in her fourth pregnancy (Torres, 2022). The relevance of the AIDS theme in public health should be taken into account, because: "it is known that, in Brazil, although the epidemic has a tendency to stabilize, AIDS cases are increasing among the poorest, where the black population is in greater proportion." (Brasil, 2005, pp. 8 and 9). This publication by the Ministry of Health records that in 2003, almost 62% of the reported cases of AIDS marked a declaration of color.

In the list of studies on people who have been infected by the HIV virus, there are also understandings of health in anthropology and Affirmative Action (AA) policies for the health of blacks in Brazil. We found foundations in the doctoral thesis in Social Anthropology, by Adailton da Silva (2018), entitled "Black body and health: a study on Afro-Brazilians, AIDS and affirmative actions". A critical analysis of how the black body crosses the anthropological issue from the nineteenth century onwards, and establishes a dialogue with the health sciences. This study is entangled in public policies, with an empirical approach, in an interface with the black population and the HIV/AIDS epidemic. It brings theoretical contributions, especially how "colonialist and hygienist formulations about this

⁴ Nursing and the socioanthropology of HIV/AIDS in the Pará Amazon: woman, childbirth, vertical transmission in fragments of a field diary. Annals of the 13th Brazilian Congress of Collective Health ISSN:2965-2154, Vol. 2, 2022 – 161271. Research report.

population contributed to the proliferation of a certain formulation of the place destined to Africans and their descendants in the narrative that deals with the AIDS epidemic in the world" (Oliveira, 2020, p. 256).

The significant study by Adailton da Silva, defended by the Federal University of Amazonas in 2018, contemplates an approach to anthropology that greatly characterized Africans and their descendants in a condition of quasi-humanity, emphasizes this author. It highlights unfavorable aspects that persist over time, such as the absence of full health, whether due to unhealthy habits and contexts, cultural and biological heritage, or social organization incapable of providing adequate living conditions. His statements account for the encrusted support of colonialist anthropology and Pan-Africanist militancy. Highlight comparative depreciations between the process of building the recognition of the difference between African Americans and Amerindians in the community of nations. Announcing the proper place given to Africans and their descendants in the narrative that deals with the AIDS epidemic in the world (Silva, 2018).

Under the guise of these elocutions and identification regarding the evolution of research on the specific subject of HIV/AIDS in the ethnic-racial context and involvement with the sick world. Envisioning possibilities for integrating these perspectives, scientific research in the field of nursing in the Amazon region of Pará emerges. A master's dissertation (Moraes, 2018), from the Graduate Program in Nursing, at the Federal University of Pará, points to cases of HIV/AIDS in the elderly in Pará. Contextualized in the Amazonian environment, it shows that of the 338 HIV/AIDS notifications in the elderly in the ten years studied (2006-2015), the vast majority correspond to black and brown skin color. The variables were black 16 (4.73%) and brown 273 (80.77%). The information found in this research comes from spatial analysis techniques and representation on thematic maps that identified the municipalities with the highest risk of becoming ill with HIV/AIDS. The discussion with this significant data is only stated "inferred that the increase in the epidemic in the brown population could be linked to the pauperization of the disease and difficulty in accessing health services" (Moraes, 2018, p. 45). Here the data collected regarding skin color may need to be further explored. As Zélia Amador de Deus says:

But there is important information that deserves to be analyzed much more (...). Our intention is not only to better reflect on these data, but also to expand our knowledge from a quantitative and qualitative point of view. In this research, we focused mainly on the population belonging to the middle classes. We all know that black people are mostly represented in the subaltern layers of society (Deus, 2020, p. 31).

In the same way, weaving articulation with the epistemic understandings and reflections on the illness caused by HIV and the racial issue:

It is possible to observe the lack of studies dedicated to the black population (there are only two studies on mortality of black women and men and women living with HIV/AIDS in an African context), indigenous people and other expressions of gender and sexuality in addition to those mentioned. [...] A study that articulates multiple differences and inequalities in specific contexts is the first doctoral thesis located in the database, authored by Carmen Dora Guimarães, entitled "Discovering women: an anthropology of AIDS in the popular classes", defended on 10/01/1998, in the Doctorate in Social Anthropology of the National Museum of the Federal University of Rio de Janeiro. Guimarães' (1998) research deserves to be highlighted for its pioneering character in paying attention to the intersections of multiple categories, such as race and class, in reality women from the lower classes of Rio de Janeiro (Oliveira, 2020, p. 247).

As for the epistemological substrate of Nursing in the Amazon of Pará, the intricacies of Brazilian politics that have been working directly with HIV or that are academically interested in the AIDS debate. I highlight the study by Nunes and Ciosak (2018) that is dedicated to the historical evolution of HIV/AIDS therapy. Signaling advances and main changes that occurred during the several decades of epidemic in Brazil. The research elaborates questions related to the effectiveness of current protocols and adherence to treatment. As well as the quality of care for People Living with HIV/AIDS (PLWHA). The analysis projects the national prominence among other countries, as a model for the treatment, control and care of AIDS.

This essay analysis raises questions about the efficacy and efficiency of the set of measures that affect the treatment of the outcome that occurs after a diagnosis confirmed by the presence of HIV. It understands that such effectiveness is the result of the promotion of interventions in the Unified Health System (SUS), through the treatment of HIV infection with antiretrovirals. In view of government determinations that guarantee Antiretroviral Therapy (ART) as part of the Brazilian health policy, contemplating universal and free access to health services and medicines.

However, this recent study (Nunes and Ciosak, 2018), as well as the analysis by Moraes (2018), both from epistemological nursing, leave aside reflections that dialogue with the ethnic-racial context and HIV/AIDS morbidity. They portray aspects of the history of adherence to ART and its impact on HIV prevention. And the challenges, whose goal is the control and eradication of the epidemic, ensuring its continuity, developing strategies to measure, monitor, increase and maintain adherence. Where are the references on the National Policy for the Integral Health of the Black Population: a SUS policy (Brasil, 2010); National Plan to Combat the AIDS Epidemic and STDs among Gays, MSM and Transvestites (Brazil, 2008); Strategic Program of Affirmative Actions: Black Population and AIDS (Brasil, 2005)?

Foundations are raised without correlation with the factors and social determination of health. The study points out that greater awareness and commitment of health professionals is needed to be part of this fight towards maximum adherence to ART, in which nursing has an important participation (Nunes and Ciosak, 2018). And what is said about articulation in the AIDS Program in Brazil and the fight against racism and the fight against the epidemic?

After decades since the outbreak of the epidemic, the treatment of PLWHA has undergone major changes. The first cases received palliative care, mainly involving nursing and the adoption of drugs to control infectious complications. With the evolution of research, new combinations of drugs known as antiretroviral therapy (ART) were adopted, whose functions are: to inhibit the replication of the virus in the body; preserve immune function; [...] Brazil, over several decades of epidemic, has been concerned with the quality of care for people with HIV/AIDS. It has stood out as one of the model countries for AIDS treatment, control and care, promoting interventions, mainly due to the introduction of ART as part of the Brazilian health policy in November 1996 in the Unified Health System (SUS), contemplating universal and free access to health services and medicines.

Compared to other millennial and stigmatizing diseases [...] the treatment of AIDS, in just over 30 years, achieved an important advance, in which several drugs were used and replaced. Its treatment and control have been improved, as ARVs are also used as a way to reduce the transmission of the virus, since regular use considerably reduces the viral load and, in most cases, keeps it undetectable⁷ (Nunes Júnior and Ciosak, 2018, p.1104).

Coming to the conclusion of this topic, with regard to the socio-politics of HIV/AIDS in Brazil, it is imperative to note that the race/color item has been included in the SINAN (Information System on Notifiable Diseases) since 2001. And that in 2003, around 20% of AIDS cases did not have this information filled in. Still on the findings present in the Black Population and AIDS Action Program: "In no Brazilian state was the HDI of the black population higher than that of the white population. This means that racial inequalities remain in all Brazilian states, regardless of their stage of development (Brasil, 2005, p. 15)

NURSING, DIALOGUES IN THE TERRITORIAL CONTEXT OF THE THESIS PROPOSITION

The conversation incident to our thesis project deals with care, illnesses, and this exchange with nursing knowledge in the Amazonian territory. It is intertwined with the arguments found in the set of texts, writings, and epistemic reflections shared by studies in the theoretical field of decolonizing perceptions and narratives experienced in the PhD years between 2021 and 2024. Stimuli to theoretical and analytical exercises with the field of research and daily practices of the sick world.

Reflective dynamics of practical situational analysis. Field of research, statewide services in Belém. Specialized in the treatment of people infected with the HIV virus at

UREDIPÉ. Adapted to nursing and to internal and external factors by the implementation of health policy. Amazon region, waterways, paved and piçarra roads. Reality of arrival and departure differentiated by the objective conditions of displacement that is imposed. Here are illustrative fragments of the field diary. The service provides outpatient care to people living in the municipalities of Pará, including the municipality of Belém, although this municipality also has a specialized service to assist people infected and sick with HIV/AIDS. We bring situations from the daily life of the service that raise reflections. Shipwreck, illnesses, black quilombola lives in Marajoara cities. And excerpts from ethnographic description, followed by a critical analysis based on the proposed reading regarding morbidity and the policy of the National STD/AIDS Program, with a focus on women living with HIV in the reproductive period.

Part of this reflection mobilized connections with the event of the V Meeting of Anthropology of Health held at the Federal University of Mato Grosso (UFMT), in November 2023. It is part of an article presented under the title "Anthropology, health and nursing: reflections on care and the social determination of health in the Amazonian ethnic-racial context". In the working group WG17 - Work, Environment and Health: experiences of good living and resistance in the territories⁵.

One Monday, when in the nursing consultation a person from the archive with medical records in hand anticipates saying here there is a missing person. There has been a long time without a remedy for the virus. A limping young man and his aunt enter the office. He accompanies him because he is illiterate and does not know how to walk in Belém. They also say that they would come the week before and that they missed the trip due to excess passengers. They were almost victims of a shipwreck that occurred in September 2022. They report that many of the people who died lived in the quilombos close to their homes. As at UREDIPÉ, he had missed an appointment at the Metropolitan Hospital. He suffered multiple fractures of the femur. Accident occurred while working in deep sea fishing. When launching the mesh, an automatic rotating support detached, hitting his leg. Without a formal contract, a verbal work contract, his aunt points out. With the covid 19 pandemic and also without money, it was not possible to meet appointments in full. The other care needs resulted in pending issues for the control of the HIV virus.

Broken for two years, it still drains secretion. It needs care. Tia regrets her nephew's limitation to work and pay for so much expense. A black person immersed in a context of guilt that places him in front of barriers that prevent, among other social rights, his right to receive comprehensive treatment for illnesses that affect his life. Here in the role of nurse,

⁵ View in https://drive.google.com/file/d/1Tns_G9HxXwSEqITc4mX79EZA79VNn5LB/view

in the ordinary time of work, we can even say that we have a quilombola patient and aunt, but "How do we relate to this other who is different and makes a difference with you? What does difference mean? –Inequality? Inferiority? Understanding the other has elements to understand yourself" (Gonzalez, 2018, p. 378).

Understand certain realities and epistemologies. Local reality, of the socio-cultural issues made explicit in this Amazonian territory, diverse and of plural peculiarities. Among problematizations and approaches, what are the basis of thought that guide oppressive behaviors and humanities denied to certain groups. Also, how these ways of thinking bring obstacles to public policies. How to work on understanding the global scope to think regionally, locally. How to problematize other issues related to structures of domination that fall on society and the state.

The other character/interlocutor who uses the service. From the field records corresponding to the years 2021 and 2022. FHP is 30 years old, brown, a municipal public servant. She is a person living with HIV (PLHIV) since birth, along with her twin sister. Partner (they have lived together for 12 years) and their three children are HIV-negative. Absent since 2019. Fourth pregnancy. In the nursing consultation, she says she tried tubal ligation, without success. Referred to specialized prenatal care in another maternal and child and adolescent establishment. Via phone, she reports joy at having been able to remove her tubes. She emphasizes that she and her mother begged for this procedure long overdue. Fourth cesarean delivery. Prophylaxis with antiretrovirals for the child, formula milk (Field diary, UREDIPE, Sept.2021 and May. 2022).

FHP has impaired treatment adherence. Husband works odd jobs. They live in a rented house. She lives in a municipality that has a specialized service for her situation with PLHIV. But he fears violation of the confidentiality of his serological status in that locality. The medical record contains information pertinent to diagnosis, treatment, prophylaxis of vertical transmission, antiretroviral therapy in pregnant women. As well as information involving their previous pregnancy periods. Her mother and sister are also assisted by UREDIPE, they also have difficulties in adhering to treatment.

Advances in access to effective prevention, diagnosis, treatment, and care. HIV infection has become a manageable chronic health condition. The northern region stands out in the rate of infected pregnant women in ten years, according to the 2020 HIV Epidemiological Bulletin. It also points out that Belém increases the HIV detection rate in pregnant women and children under 5 years of age (BRASIL, 2020). Public policy continues to be implemented, but challenges are interposed, requiring a greater presence of state and municipal management to guarantee the management of prenatal diagnosis and the

improvement of surveillance in the prevention of vertical transmission of HIV. In this aspect, for Zélia Amador de Deus (2020) it is necessary to foresee the specificity of the subject of law, in its particularity and peculiarity:

To grant certain groups special and particularized protection. The groups that lack this particularized protection are those who are victims of discrimination. Discrimination, suppressing fundamental rights, puts them in a situation of vulnerability. It is in this scenario that blacks, indigenous peoples, women, children and other groups will come to be seen in the specificities and particularities of their condition. The scene, therefore, is ready for a new conception of equality to be adopted. In this case, a substantial conception of equality, material equality (Deus, 2020, p.102)."

The readings of decolonial theories are consubstantial to understand different situations of oppression, defined from gender, ethnic or racial boundaries and repeated violations of the social rights to education, health, work (Spyer *et al.*, 2019). Literature of sociopolitical, cultural, local and regional contextualization, approach to gender, race, class and other categories of differentiation. Paths and fluidity of thought from the centrality of black subjects, especially black women. It is necessary to strengthen productions that overcome obstacles in the face of the academic references of the Humanities that are marked by a Eurocentric logic that hierarchizes knowledge and privileges only one strand of thought, the Western (Barreto, 2019).

Questions raised by studies such as that of Lélia Gonzalez (2018), for example, raise the need for approaches that can contribute to our doctoral questions of the Amazonian sick world. As a guiding thread that opens doors to decolonize understanding about reality imposed by the domination of power, knowledge, and being, which are the basis of our epistemic logic. By readjusting, disciplining by assemblages masked by stories of heroism. From what we have seen from the complementary readings, Anibal Quijano (2005) consolidates an analytical bridge that brings these decolonial epistemologies and critical theory closer. "America is constituted as the first space/time of a pattern of power of global vocation and (...) historical processes (...) codification of the differences between conquerors and conquered in the idea of race" (Quijano, 2005, p.117). It establishes a parameter as the biological structure to situate a natural relationship of inferiority. An idea of race assumed by the conquerors, Quijano maintains, as the main constitutive, foundational element of the relations of domination that the conquest demanded.

From the context presented, it is essential to bring publications that work with dialogical knowledge constructions to the line of thoughts of authorships that mobilize the understanding of being and being of the scientific nursing that researches. And the theoretical discussions about the daily life of health care from the counter-hegemonic

perspective of knowledge in a given territory such as the Pará Amazon. In this sense, the reading of *Inhabiting the Anthropocene*, and the Political and Cultural Positioning of Jera Guarani (MOULIN, 2022) establishes a deep link with nuances of the social determinants of health, health inequities, and environmental justice. Significant contributions to understanding the politicization of the social processes of health-disease, for example. In view of the health conditions of social segments located in spatial contexts of socioeconomic, environmental and cultural inequalities.

In the same way, Zélia Amador de Deus (2019) fosters us with a theoretical basis on the context of invisibilization of black populations, especially those who live in the northern region. He speaks in *Jornada das pretas 2022*, about the existence of black people, demographic censuses carried out by the Brazilian Institute of Geography and Statistics/IBGE. And statements that in Pará and Amapá there is a considerable number of black people (Oliveira, 2022). Therefore, it proposes further studies on racism and racial discrimination by academia:

Some anthropologists are often more interested in studying kinship relations, folkloric manifestations, religiosity and other themes considered exotic, while racist practices are always left aside. Eyes do not see and, probably, hearts do not feel. I emphasize that this was the rule in the Academy, many times, due to the fact that most academic researchers come from the dominant racial groups. Add to this the lack of experience of these researchers with racism and racial discrimination. In this case, it is also necessary to consider the fact that, in many situations, these academic researchers benefit from racism and racial discrimination, obtaining privileges. And more. The Academy has been guided by Eurocentric values. However, not all whites are essentially racist. Fortunately, there are many white people – dissidents from their racial origin group – who have faced or face the rigor of the Academy in this regard. These have paid and many still pay the burden of rebellion and, not always, the object of their research is considered a relevant enterprise. These rebels also often face difficulties with funding agencies and often do not get support to develop their research (Deus, 2019, p. 19).

NURSING CARE, TREATMENT ADHERENCE AND DECENTRALIZED CARE POLICIES FOR HIV/AIDS IN BELÉM

Public policies and the health of Populations of the Countryside, Forest and Waters. Territory of the Amazon. The city of Belém, capital of Pará (144 municipalities) concentrates 08 health equipment aimed at HIV/AIDS care. Of these facilities, one is located in the D'água district, a neighborhood in Guamá that provides logistical assistance support to the island of Combú (figure 01). And there are still two of these equipment that have specificities in care (they diagnose HIV and provide outpatient follow-up with the dispensation of antiretroviral drugs). They are: the Center for Health Care in Acquired Infectious Diseases/CASADIA, which covers Belém and the islands. And the other is UREDIPE, which assists all municipalities in Pará, including Belém. Both located in the Telégrafo neighborhood.

Figure 01: Map locates the Guamá neighborhood at the confluences with the island of Combú, Belém/Pará, 2024.



Source: Image published on the Slid Player website by Benício Santos⁶.

The SICLOM GERENCIAL website⁷ highlights updates on registered and active health units that dispense antiretroviral drugs. The logistics management platform states that 45 municipalities in Pará are involved in the treatment of illness caused by HIV. Of this universe that covers the decentralization of management and assistance to PLWHA has been effective since 2023 in Belém. Concretely, the decentralization of HIV/AIDS care is taking place in this territorial part of Pará. Extending throughout the places surrounding the city of Belém, potentially involving the region of the islands. It is this effective and substantial fact that brings to the fore a little of the experience of two nursing workers: one from UREDIPE (Torres, 2016) and the other from Primary Health Care. To contextualize the dynamics of care, treatment and adherence of people in riverside living conditions.

Connections, coexistence and interaction between society, nursing and the dimensioning of the social practice of this profession in the Amazonian territory. Reflections on the implementation of public policies from the agents involved in the elaborations and for which population the policies have been designed. Policies to combat HIV/AIDS, for example, from a perspective of the intersectionality of race *or ethnicity*, *social class*,

⁶ <https://slideplayer.com.br/slide/3201405/>

⁷ Medicine Dispensing Units (UDM) see in <https://azt.aids.gov.br/> accessed on 07 May. 2025.

geographic location, among others. The nurses (figure 02) connect when they talk about PLWHA in a situation of abandonment at UREDIPE and who adhered to the treatment in the service near their riverside home.

Figure 02: Nurses Marta Giane and Tatiane Serrão Paiva at the ESF Combú pier. Furo do Combú, Belém/Pará, 2024.

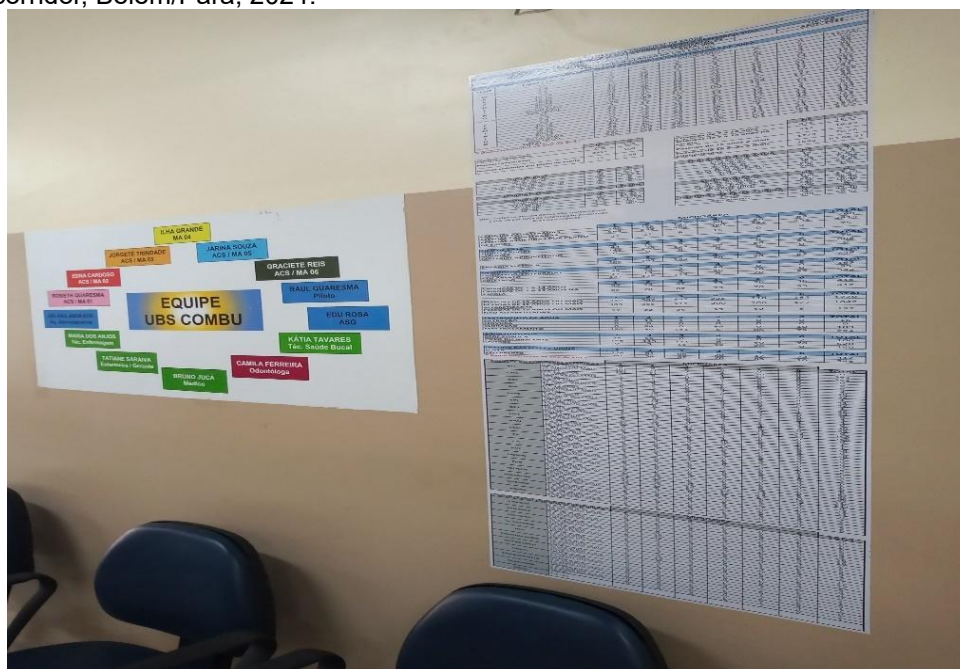


Source: Photographic record from the personal archive of Marta Giane Machado Torres.

Situational overview and implementation of public policies in the face of challenges marked by urban/peri-urban and rural daily life. Observations arising from practices/processes, daily stresses, weaknesses of community networks, the absence of social support, access restrictions, inequalities and inequities in care and assistance. The following report resolves aspects of the municipal process of decentralization of HIV/AIDS treatment to a riverside Family Health Strategy (FHS) service.

The ESF Combú accompanies about 03 thousand riverside dwellers. Among the health services, Antiretroviral Therapy/ART was recently included for the treatment of 05 PLWHA living on the island (figure 03), in 2023. Due to the financial and transportation difficulties to get to CASADIA and UREDIPE in Belém, 04 of these people had abandoned the treatment. Another (52 years old), due to the logistical support of her family (river/urban transport) always had good adherence to medication and attendance at consultations/exams.

Figure 03: Panel showing work team and disease (05 HIV cases) or condition referred to on the wall of the ESF Combú corridor, Belém/Pará, 2024.



Source: Photographic record from the personal archive of Marta Giane Machado Torres.

For several months, however, people aged between 29 and 45 years, 02 brown and 03 black, have resumed treatment in their place of residence and crossing the river have already carried out CV/CD4 control exams at UMS Guamá (D'ÁGUA district). This fact transformed the ESF Combú into the first PHC in Belém to decentralize the dispensation of ART. Affirmative framework for care between service and people who were in a situation of abandonment. Emphasizing that for so many months the 45-year-old person has been undetectable (viral load regressing and improvement of the immune system) and in a stable union again.

The process that incorporated an important service on the island points to the prospect of life with quality for these people. Which now have a low financial cost and more complete follow-up in PHC. However, there are PLWHA in the area that chose to remain in Belém. He fears violation of the confidentiality of his HIV status. Registers the assistant nurse and manager of the service. This decentralization measure provided a substrate to guarantee adherence to ART and its respective impact on HIV prevention. Opening possibilities that focus on and envision control and eradication of the HIV epidemic. Nursing has an important participation in this fight!

FINAL CONSIDERATIONS

This study raised questions pertinent to our academic life and, consequently, to the knowledge of nursing potentially exercised in the Amazonian territory. Promoted by

analytical elements that mark the production of the thesis in progress. This is understood in an ethnic/racial scenario that thinks about the reality of care relationships with the person who is under nursing care. To do so, resorting to anthropology that validates other knowledge. By recognizing that there are other ways to produce knowledge about health and disease, in addition to biomedicine.

The comprehensive anthropological analyses enabled a greater understanding and criticism of scientific thought. Important contributions to the field of health and nursing. Since it allows relativizing biomedical concepts and therapeutic mechanisms. As well as keeping up with the structuring ways of general health conditions. To promote the reduction of health inequalities and contribute to the development of alternative models to development. From the health and survival of cultures, ecosystems and the various forms of life.

Through the works studied, it is observed that there is considerable updating of the themes of socioanthropology in the local, national and international territory, evidencing HIV/AIDS in its multiple reaches and experiences. However, there is a need to expand studies dedicated to the black population, indigenous people, and expressions of gender and sexuality in their plurality. It is important to study and research about the elaboration and implementation of public policies from the agents involved in the elaborations and for which the population the policies have been designed.

The reflections pointed out throughout the text reaffirm that racism regulates the relationships between people, professionals and managers, as well as imposes extra biological risk factors. Since the systems of oppression in our society, such as *race or ethnicity, social class, geographic location, among others, discriminate and exclude individuals or groups in different ways*. It is necessary that the production of knowledge be translated into actions of care services, such as health protection and promotion. Open to understanding about identities, systems of power and how these affect people.

The production of this study reaffirms the desire for Nursing to establish itself in this field of knowledge and also to formulate incisive criticisms of reductionist concepts and practices. Applied to Afro-indigenous territoriality, where nursing knowledge is strengthened and the intersection between morbidities and affirmative public policies that support health and humanities actions in the context of infection and illness caused by HIV/AIDS. In connection and commitment to the fight against injustices, elimination of racism and respect for the unrestricted autonomy of native peoples.

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