

Epidemiological Profile, Access to Basic Sanitation and Implications for the Health of Rural Populations



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Short communication

Economic, social, cultural, political and environmental aspects make up the social determinants of health in the world. In Ceará, it's no different. These aspects have a direct and indirect influence on the ways in which diverse segments of the population live, get sick and die. Within this scope, there are still huge socio-sanitary inequalities in Brazil, especially when compared to rural and urban populations [1].

A recent study showed that in the municipalities with a predominantly rural population, the percentage of poor people is 34.4%, while in urban areas this figure decreases to 18.6%. With respect to sanitation, 47.3% of rural households have piped water in at least one of the rooms. However, in only 18% of these, the water used comes from the general distribution network. Still, 10.4% of households do not have toilets or toilets [2].

This context contributes to the rural population living in precarious situations, with limitations of access to actions and health services. In this sense, it is evident that in rural areas there are still great difficulties in accessing public health policies. There is also a greater scarcity of equipment and human resources, especially in small municipalities and in the most remote rural communities [3].

This scenario contributes directly and indirectly to the emergence of waterborne diseases, intestinal parasitoses and diarrhea which are responsible for the increase in the Infant Mortality Rate. All this context of vulnerability, coupled with the poor effectiveness of public policies for rural areas, accentuates the challenge of health services in providing comprehensive care for rural populations.

In addition, the arrival of agribusiness in several regions of the semi-arid region of Ceará. The expansion of agribusiness in the region brought with it important changes in the ways of life

and in the way of sickness and death of the communities. From the point of view of Environmental Health, contamination of soils and water is registered as a result of agrochemicals used in large scale in monocultures.

A study of 63 pineapple monoculture workers in the lower Jaguaribe region used nine laboratory indicators to evaluate hepatic function. All presented some type of variation, suggesting hepatocyte hypertrophy and necrosis, cholestasis and bile duct damage. Oxalacetic transaminase increased by 6.2%, pyruvic transaminase in 14% of cases and alkaline phosphatase by 6.2%. It should be noted that these three indicators are used by the Pan American Health Organization (PAHO) to correlate chronic hepatic lesions with exposure to agrochemicals [4].

Public health policies, on the other hand, are still deficient and incapable of responding resolutely to the health problems identified in the rural populations. In this sense, it is necessary to move beyond the simple proposition of specific public policies, and to move toward an effective health care and in harmony with the emerging health needs of the territories.

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