



ACHILD MORTALITY IN THE CITY OF RORAIMA AND INDIGENOUS POPULATION

**Bruna Cassia
Macedo Dos
Santos**

Nutritionist at the São Vicente de Paulo Foundation, Boa Vista, Roraima.

**Rosimeire Areias
Rodrigues da
Costa**

Obstetric nurse at the State Health Department, Boa Vista, Roraima.

**Daniela Pereira da
Silva**

Nurse at the São Vicente de Paulo Foundation, Boa Vista, Roraima.

**Márcia Silva
Conceição***

Obstetric nurse at the São Vicente de Paulo Foundation, Boa Vista, Roraima, Boa Vista, Roraima. *Corresponding Author

ABSTRACT In the last decades, in developed countries there has been an increasing fall in maternal mortality. In developing countries the decline was small. This research aims to analyze the incidence of maternal and infant mortality in the State of Roraima in 2013. This is a descriptive and analytical study, of a quantitative nature to identify the occurrences of maternal and infant deaths in Roraima. The indexes and coefficients analyzed in this research were collected from information on the number of births and deaths of children under one year old, in 2013. It was observed that in the State of Roraima the level of maternal and infant mortality is still not satisfactory and that needs public policies capable of reducing the incidence of infant mortality, especially in indigenous areas.

KEYWORDS : child and maternal mortality, indigenous, health, Roraima.

INTRODUCTION

Maternal and child mortality is an urgent health problem. According to Laurenti et al. (2008) in 2004 “maternal death” is any death caused by problems related to pregnancy or childbirth that occurred up to 42 days later. According to Escalda, Martins and Barbosa (2015), it directly affects developing countries.

Szwarcwald (2014), declares that In Brazil, in 2011, the maternal mortality figures are found in 60,8 deaths of women for every 100 thousand live births. However, it is known that these data do not reflect the total reality, since not all deaths are registered as having causes related to pregnancy or childbirth, due to the accessibility to health services being impaired due to the territorial extension and access to more distant locations.

It is estimated that approximately 40% of women in developing countries give birth without any medical help. It is estimated that approximately 18 million women are disabled or chronically ill due to problems during pregnancy.

Leite et al. (2011), declares that, the risk increases considering the lack of access and contraceptives and the performance of unsafe abortions. In this sense, the most affected population are young people between 15 and 19 years old, whose maternal mortality rate is twice as high as of women between 20 and 24 years old.

This research aims to analyze the incidence of maternal and infant mortality in the State of Roraima in 2013. In addition to discussing health policies in the area of children and women, focusing on maternal, infant and fetal mortality; to identify actions to reduce maternal, child and fetal mortality, within the scope of the health services network.

METHODOLOGY

The study is descriptive and analytical, of a quantitative nature.

The location of the research was through data collection, by the State Health Secretariat (SESAU), Indígenas Leste and Yanomami districts. Conducted by means of tables, charts and graphs that made it possible to interpret and analyze the situation of maternal and under-one mortality in the State of Roraima and Indigenous populations in 2013.

The indices and coefficients analyzed in this research were collected

from information on the number of maternal deaths, births and deaths of children under one year old, in 2013. Data were processed using tables, charts and graphs that made it possible to interpret and analyze the situation of maternal and under-1-year-old mortality.

RESULTS

When analyzing infant mortality in absolute numbers, in the indigenous population in the State of Roraima, it is observed that the occurrence in the Yanomami District is quite high when compared to that in the Eastern District. It is important to mention occurrence of high mortality in indigenous areas is a situation that has persisted for a long time according to Yamamoto (2004, p. 28), who reported:

“According to the records of Funai's technical reports in 1998, the infant mortality rate was 96.8 per 1,000 live births. Almost 50% of deaths in children under five had the most frequent causes, communicable diseases, mainly respiratory infections, parasitic burial, diarrhea, malaria, malnutrition and tuberculosis. External causes, especially violence and suicide, have represented one of the main causes of death in recent years, especially in the regions of Mato Grosso do Sul and Roraima. The Infant Mortality coefficient has been decreasing at a rate of 10.6% per year compared to 1998. From 1999 to 2002, the Infant Mortality coefficient was 85.7, 74.6, 57.2 and 55.7 per 1,000 live births, respectively. In 2002, the Infant Mortality Coefficient varied between 17.8 and 185.2 per 1,000 live births. Of the 34 Special Indigenous Districts, only 12 had a Child Mortality coefficient below 40 per 1,000 live births and five districts had a Child Mortality coefficient above 100 per 1,000 live births. The districts with the highest coefficient of infant mortality are located in areas of difficult access in the Amazon”. Yamamoto (2004, p. 28).

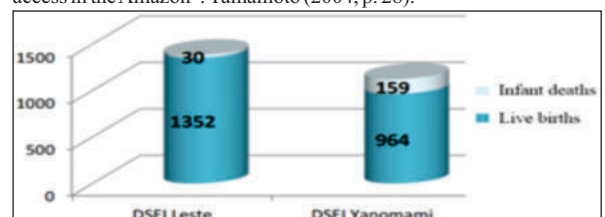


Figure 1: Distribution of Infant Deaths, By Special Indigenous Health District, Roraima, 2013

Sources: Indigenous Health Information System East And Yanomami

When analyzing the incidence of infant mortality in two districts and compared to the State of Roraima it is observed that the rate is 6.4% more. In comparison with the Yanomami District and the State, the difference is quite high above 100%. According to Teixeira et al. (2019), it is a very worrying situation that deserves the attention of the health professionals who work in this district, the management and public policy and the Maternal Infant Mortality Committee.

Concerning maternal mortality, in 2013 there were 5 deaths in the State, which correspond to 0.5%. In Yanomami women, 3 cases corresponded to 1.9% and in the eastern district there was no maternal death this year. When proportionally comparing the incidence of deaths occurring in the state and in Yanomami pregnant women, a high rate is observed.

According to Dos Santos et al. (2017), it is a situation that also deserves mention and intervention by the public authorities in order to investigate and offer support to reduce this Mortality.

CONCLUSIONS

According to the data it is confirmed that in countries developed countries, where maternal mortality has absolute numbers below 10 / 100,000 per live birth. The proposal to analyze cases of severe maternal morbidity is justified as a new measure of the quality of obstetric care, seeking to reduce the tragic event that is the death of women of reproductive age, but fundamentally unraveling the panorama of pathological processes responsible for maternal morbidity.

In developing countries, such as Brazil, the same proposal can be made in order to deepen and anticipate the analysis of cases that, without a correct diagnosis and treatment, can evolve to death. The countless actions that seek to reduce maternal mortality in these countries have had little impact in the medium term. As direct obstetric causes predominate, it is vitally important to assist in all phases, that is, from prenatal to puerperium, so that effective actions are taken.

In the State of Roraima, the maternal and infant mortality rate is unsatisfactory as shown throughout the text. Policies instituted by the Ministry of Health in order to try to reduce these rates are still unable to show expected effectiveness.

It is interesting to observe the situation of the Yanomami people, who had a high rate of infant mortality in children under the age of one, characterizing a serious situation that the committee deserves to make urgent interventions for maternal and infant mortality. The maternal death situation is also a serious problem that requires special attention given the fragile health conditions of indigenous women. This indigenous woman who is often not provided with quality care.

The incidence of maternal and infant mortality in State of Roraima, according to the Ministry of Health is average. However, when analyzing separately the deaths of indigenous children under the age of one and maternal death, the situation is quite serious. In this sense, it is important to analyze the health service offered to this population. Public policies, as well as actions aimed at reducing this mortality, are inefficient as they fail to significantly reduce it.

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