

Why and how the qualitative method can improve critical epidemiology?

Emiko Yoshikawa Egry¹, Maria Marta Nolasco Chaves², Rosa Maria Godoy Serpa da Fonseca¹, Liliana Müller Larocca²

¹Department of Collective Health Nursing of Sao Paulo University, Brazil. emiyegry@usp.br; rmgsfon@usp.br

²Department of Nursing, Federal University of Paraná, Brazil. mnolascochaves@gmail.com; lilianamlarocca@gmail.com

1 Abstract / Background

Classically, epidemiology has used knowledge from the areas of biology, mathematics, bacteriology and the environment to indicate individual and population characteristics, as well as to identify the conditions and probabilities of illness and death. In order to overcome this hegemonic explanatory model, critical epidemiology (CE), based on the philosophical theoretical framework of historical and dialectical materialism, has broadened the understanding of the epidemiological profiles of a given population by laying down its proposal on three axes: social determination of health process, mode of social organization, and the relationship between society-nature. To refine the understanding of phenomena, CE uses sociological categories such as social class, gender, race-ethnicity and generation (Breilh, 2006; 2013). Studies that used these categories, allowed the understanding of the social determination of the epidemiological profiles and way of life of the collectives, in addition to the concrete observed or identified in the statistical data. Many of these studies have added a qualitative approach to quantitative data to improve the approximation and recognition of the magnitude and depth of the problem. Thus, epidemiological studies that seek to overcome the positivist approach of traditional epidemiology, are generally consolidated with mixed, quantitative-qualitative methods. The purpose of this report is to highlight the qualitative methodology to increase the description of the epidemiological profile of the population, based on the following researches: a) a study about the contradictions between health needs of the population and epidemiological profiles described in Municipal Health Plans - MHP and Annual Management Report - AM. (Nascimento & Egry, 2017); b) study of health needs of the street population and instrumental knowledge of the professionals who worked in street clinics in Curitiba-Paraná (Kami, Larocca, Chaves, Piosiadlo & Albuquerque, 2016); c) study of epidemiological profile and way of living of young adults with HIV / AIDS in a Health Regional of Paraná, Brazil (Brandão, 2017).

2 Qualitative methods can improve critic epidemiology: why and how?

The qualitative aspect of the mentioned studies, made possible through specific analysis techniques for each study, was able to deepen the epidemiological analysis from a critical perspective. It is important to emphasize that different theoretical techniques and bases of analysis were used, but the qualitative research approach was maintained with a theoretical framework of critical epidemiology, thus adhering to the conception of the social determination of the health process. The first study on health needs had as empirical material the municipal health plan and the annual management reports of a medium-sized municipality in the country side of the São Paulo State, Brazil.



It has a relatively high Human Development Index, but the Gini (created by Conrad Gini, an instrument to measure the degree of income concentration in a given group) is also high, denoting that there is a large gap between the living conditions of different population groups present in the municipal territory. Both MHP and AMR present quantitative descriptive data of the profiles. But what mattered in the present study were the qualitative data, constituted by the comments contained in the RAGs. For the qualitative analysis, we used Bardin (2016), with the support of webQDA software. The results showed contradictions, since quantitative data have a homogeneous and relatively acceptable morbidity-mortality profile, but the qualitative analysis reveals an unequal tendency of sickness and death of more vulnerable population groups. The study on the street population and the epidemiological profile of young adults living with HIV / AIDS, also anchored in EC, used primary and secondary data. The primary ones were collected through semi-structured interviews with the participants and the secondary ones of an already existent database, related to the dynamics and historicity of the way of living in the territory. The organization and analysis of the data we used Iramutec and webQDA. (Kami, Larocca, Chaves, Piosiadlo & Albuquerque, 2016, Brandão, 2017). The three studies used analytical categories derived from theoretical references that were convergent with the theoretical-philosophical referential of historical and dialectical materialism, such as social determination of health, health needs, vulnerabilities and potentialities of homogeneous social groups. In this way, it was possible to verify the social determination of the phenomena, as well as to identify the processes of attrition and protection in the way of living in the territories. It was also possible to recognize the intensity of the phenomena from the perspective of the interviewees. The deepening of the quality allowed the emergence, beyond the processes of attrition, of all the wealth of the potential of strengthening and overcoming contradictions, revealing, even in homogenous population groups, sufficient specificities to plan interventions for the family and community groups.

3 Conclusions

For Collective Health Nursing, it is fundamental to elaborate specific care projects for social groups, families and individuals belonging to the territories, adhering to their specific needs. Therefore, it is essential to understand the social relations that are established in the processing of everyday life, as well as the erosions and strengthening potentials that determine health-disease, in the dimensions of social class, gender, race-ethnicity and generation. Such understanding will enable significant nursing care both in the collective face and in the individual face of the health-disease process. Thus, if for public policies it is sufficient to understand the health-disease profiles of a given community, from a critical and quantified perspective, for Nursing, this same profile needs a more in-depth and denser look, that is, the description quality of health needs and vulnerabilities to illness and death. This look will also determine ways of receiving and practicing coping with health phenomena. Qualitative studies have the potential to overcome the hegemonic view of health reality as linear and predictable by mathematical formulas. They allow us to understand the various totalities of reality in which the cut-out phenomenon, its historicity and dynamicity, are determined by structural processes (of the broader social structure), particular (of social groups) and singular (individuals and families) processes.

Keywords: critical epidemiology; qualitative research; health needs; Nursing.



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