



Texto & Contexto Enfermagem

ISSN: 0104-0707

texto&contexto@nfr.ufsc.br

Universidade Federal de Santa Catarina
Brasil

Vasconcellos Lopes, Caroline; Alves Lima, Ângela Roberta; Portelinha Vasconcelos, Márcia Kaster;
Borges, Anelise Miritz; Barbieri, Rosa Lía; Heck, Rita Maria

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Texto & Contexto Enfermagem, vol. 22, núm. 4, outubro-diciembre, 2013, pp. 1152-1159

Universidade Federal de Santa Catarina
Santa Catarina, Brasil

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FOLK INFORMANTS: CONCEPTIONS OF HEALTH¹

Caroline Vasconcellos Lopes², Ângela Roberta Alves Lima³, Márcia Kaster Portelinha Vasconcelos⁴, Anelise Miritz Borges⁵, Rosa Lía Barbieri⁶, Rita Maria Heck⁷

¹ Article from the dissertation – Folk informants on medicinal plants in the south of Brazil: contributions to nursing. Presented to the Postgraduate Nursing Program of the Federal University of Pelotas (UFPel), in 2010, financed by the National Council for Scientific and Technological Development (CNPq).

² Doctoral student on UFPel's Postgraduate Nursing Program. Nurse of the municipal prefecture of Pelotas. Rio Grande do Sul, Brazil. E-mail: carolinevaslopes@gmail.com

³ Master degree in Nursing. Nurse of the municipal prefecture of Pelotas. Rio Grande do Sul, Brazil. E-mail: oseiaseangela@hotmail.com

⁴ Master degree in Nursing. UFPel technical-administrative staff. Rio Grande do Sul, Brazil. E-mail: marciakaster@ibest.com.br

⁵ Doctoral student on the Postgraduate Program of the School of Nursing of the Federal University of Rio Grande. Pelotas, Rio Grande do Sul, Brazil. E-mail: miritzenfermeira@yahoo.com.br

⁶ Ph.D. in Genetics and Molecular Biology. Researcher of the Brazilian Agricultural Research Corporation – Temperate Climate. Rio Grande do Sul, Brazil. E-mail: lia.barbieri@gmail.com

⁷ Ph.D. in Nursing. Associate professor of the Faculty of Nursing at UFPel. Rio Grande do Sul, Brazil. E-mail: rmheckpillon@yahoo.com.br

ABSTRACT: This work aimed to investigate folk informants' conceptions on health. It is qualitative research, involving seven informants indicated by ecological farmers from four municipalities in Rio Grande do Sul. Data collection took place in 2009 and 2010. Semi-structured interviews were held and simple observations undertaken. The analysis resulted in two thematic nuclei, according to Minayo's thematic analysis. The theoretical framework was based on the interpretive anthropology of Geertz and Kleinman. The folk informants' conception of health is linked to how people relate in the spaces in which they are inserted, and how they perceive themselves in their relationships with others, themselves and the environment. Health professionals need to take into account the concepts of health and illness of the population assisted, accepting the existence of the system of folk care, which seeks to contribute to improving quality of life, in its historical, social and cultural context.

DESCRIPTORS: Nursing. Culture. Health. Anthropology.

INFORMANTES *FOLK*: CONCEPÇÕES DE SAÚDE

RESUMO: Este trabalho teve como objetivo conhecer as concepções de saúde dos informantes *folk*. Trata-se de pesquisa qualitativa, envolvendo sete informantes indicados pelos agricultores ecológicos de quatro municípios do Rio Grande do Sul. A coleta de dados ocorreu em 2009 e 2010. Foram realizadas entrevistas semiestruturadas e observações simples. A análise resultou em dois núcleos temáticos, segundo a análise temática de Minayo. O referencial teórico embasou-se na antropologia interpretativa de Geertz e Kleinman. A concepção de saúde dos informantes *folk* está vinculada com a forma como as pessoas se relacionam nos espaços em que estão inseridos e como se percebem em suas relações com os outros, consigo e com o ambiente. Os profissionais necessitam considerar os conceitos de saúde e doença da população assistida, aceitando a existência do sistema de cuidado *folk*, que busca contribuir para a melhora da qualidade de vida, no seu contexto histórico, social e cultural.

DESCRIPTORES: Enfermagem. Cultura. Saúde. Antropologia.

INFORMANTES *FOLK*: CONCEPCIONES DE SALUD

RESUMEN: El objetivo del trabajo fue conocer las concepciones sobre la salud de los informantes *folk*. Este es un estudio cualitativo que participan siete informantes indicados por agricultores ecológicos de cuatro municipios del sur del Brasil. Los datos fueron recolectados durante 2009 y 2010, utilizando la entrevista semiestructurada y observación. El análisis se realizó en dos núcleos temáticos, según Minayo. El marco teórico se basó en la antropología interpretativa. La concepción de salud de los informantes *folk* se vincula con la forma en que las personas se relacionan con los espacios en que viven y como perciben sus relaciones con los demás, consigo mismos y con el ambiente. Los profesionales necesitan tener en cuenta los conceptos de salud y enfermedad en la población atendida, y aceptar la existencia del sistema popular de cuidado, que busca contribuir a la mejora de su calidad de vida en el contexto histórico, social y cultural.

DESCRIPTORES: Enfermería. Cultura. Salud. Antropología.

INTRODUCTION

Human beings, throughout their existence, have sought various alternatives in the attempt to eliminate the physical or psychological illnesses. The different care actions in health are related to the socio-cultural context, which characterizes each historical time experienced. As a result, the cultural patterns of a social context may be understood as contributing to the social conceptions which surround the health-illness process.¹ In this regard, reflecting on the healthcare system as a cultural system helps one to understand the multiple paths traced by the population so as to cure or relieve their health problems.²⁻⁴

Interpretive anthropology, which proposes an explicatory model of healthcare, pays attention to the fact of the coexistence of different health systems within the same society, which includes a multiplicity of conceptions.⁴⁻⁵ In this context, three cultural systems of healthcare are differentiated: the professional, the folk, and the family. In the professional system of care, one finds the organized and legally-recognized care professions, of which the biomedical model is the largest representative in western societies. The folk system of care refers to the cure specialists who are not legally-recognized, who use resources such as medicinal plants, manipulative treatment, and spiritual treatments. These specialists are legitimated by society and are strongly linked to the system of family care.⁴⁻⁵

The system of family care, made up of lay knowledge, is referent to those knowledges and routine practices which are related to the health-illness phenomenon and, further, it is in this context that the first care is adopted for health and illness. Also in this family system, it stands out that different individuals and social groups build conceptions of treatment and cure. These assimilate, evaluate and judge the knowledges and practices originating from the other systems.⁴⁻⁵

Illness and concerns about health are universal, present in all societies. However, each group is organized collectively, through material means, thoughts, and cultural elements, so as to understand and develop techniques in response to the experiences or episodes of illness, whether these are individual or collective.³

These cultural elements are made up of a system of shared symbols, which people use to perceive, interpret and organize the world.⁶ The folk informants, mostly, share the same cultural values and world view of the communities where

they live.⁴⁻⁵ This fact triggers the need to know them, so as to enrich the understanding of health and illness, built by the specific socio-cultural relationships of each populational group.

It becomes important to investigate the folk informants' life contexts so that these may provide support for health professionals, in particular nurses, regarding the perception of life in the socio-cultural relationship which permeates the communities. The professionals monitor the population's health, and this fact is determinant for them to re-think and widen their knowledges, improving themselves for care, being able to use the resources available in the community, such as medicinal plants.⁷

In this perspective, it is noteworthy that the context in which the folk informants are inserted is one of the significant elements for its constitution. This being the case, the present research focussed on those indicated by the members of the families of ecological farmers. These farmers value the consumption of food grown without agrottoxins and the benefits of this habit for health, as well as using medicinal plants as a health care practice in the informal system.⁸

Such conceptions contribute to a new paradigm of re-linking, of re-enchantment with nature and of compassion for those who suffer, inaugurating a new tenderness for life and an authentic feeling of loving belonging to Mother Earth. This change is evidenced in the growth of groups which promote ecology, meditation, and spirituality, incorporating the perspective of the Earth as a living, organic whole. As a result, people have sought to feed themselves with natural products and maintain a strict control over products' level of contamination and chemicalization.⁹ Thus, it was aimed to investigate the conceptions of health of folk informants from the southern region of the state of Rio Grande do Sul.

METHODOLOGY

Qualitative, exploratory and descriptive research was undertaken, linked to the "Bio-active plants for human use utilized by the families of ecological farmers in the southern region of Rio Grande do Sul" project undertaken by the Faculty of Nursing of the Federal University of Pelotas, in partnership with Brazilian Agricultural Research Corporation - Temperate Climate.

Data collection took place in the months of September and October 2009 and from March

to September 2010. The study was carried out in the municipalities of Pelotas, Canguçu, Morro Redondo and São Lourenço do Sul, located in the southern region of the state of Rio Grande do Sul, Brazil. The study subjects were seven people with knowledge of medicinal plants, indicated by ecological farmers, who participated in previous research⁵ linked to the project mentioned above.

Four informants were approached in their homes, and the others in the places where they attend the public. It is also emphasized that the subjects were identified by the initial letters of their names, followed by their ages. In order to locate these folk informants, the researchers examined records from a previous study,⁵ which indicated them, with the aim of tracing their names and contacts. In some situations, when the information for contacting informants was not complete, the researchers returned to the farmers at the ecological market, so as to make access to these subjects possible. Resulting from this tracking down of the information, a list of folk informants was elaborated, with their respective names and telephone numbers.

In the majority of situations, the first contact with these folk informants was made by telephone, so as to arrange a visit to their home or the place where they attend the public. In some cases, a map was used to get to places in rural areas.

During the visit, the subjects were formally invited to participate in the research, and a timetable for meetings was arranged, varying from two meetings to 12. The approaches involved observing the scenario (the appearance and posture of the interviewee, the care setting, and the placing of the plants), and the semi-structured interview was recorded, thus being adapted to the interviewee's dynamics. Only one folk informant did not agree to the use of the recording device. In that particular case, the approach was undertaken with the participation of at least two people to assist in noting down the records.

For the elaboration of this article, the researchers used the informants' responses to two interview questions: What is health, to you? What is illness?

The study respected the ethical principles of research involving human beings as described in the National Health Council's Resolution 196/96.¹⁰ The project was approved by the Federal University of Pelotas' Research Ethics Committee under protocol n. 072/2007.

The data resulting from the interviews was transcribed and organized by thematic nuclei. Later, the transcriptions and notes on the observations of the context were re-read, so as to emphasize the key ideas, which were discussed as sub-themes.¹¹ The theoretical support of interpretive anthropology was used at all stages for understanding, interpreting and criticism in the construction of the work.

RESULTS AND DISCUSSION

Presentation and contextualization of the folk informants

All the informants were indicated by ecological farmers who lived in different municipalities of the southern region of Rio Grande do Sul and who participated in an association of the agro-ecological movement, in existence for over 17 years. As mentioned in the methodology, the folk informants also live in, and indicate medicinal plants in, the same region in which one finds the ecological farmers.

As a result, one can see that these informants carry out care which stands out in the communities, given that they were remembered and mentioned by the families as one of the first therapeutic resources to which they have recourse.

Who are these folk informants? They are people with ages varying between 45 and 86 years old, which indicates that they are subjects with experience of life. Among them, the predominance of women stood out, with six women participating, and one man. All considered the nature which surrounds people to be a therapeutic promoter of health care.

This data is in accordance with various studies which mention older adults and/or women as those who have more knowledge of medicinal plants.¹²⁻¹⁵

In this regard, one study indicated that men also share knowledge of medicinal plants, but with less intensity than women.⁹ This characteristic may possibly be related to the work of men in cultivating the plant, knowing the vegetable characteristics as well as the use directed at therapeutic care.

Historically, women are closely linked with care, as even in childhood the maternal instinct is encouraged – that is, from an early age they learn that it is their responsibility to keep the home “in order”. The responsibility of ensuring the fam-

ily's health through daily actions – such as food preparation, keeping the domestic environment clean, and caring for the children – falls to the woman. To this end, women seek information about various therapies, including in regard to the use of medicinal plants, the transmission of this knowledge happening between women of different generations.¹⁵

Great diversity was observed in relation to the folk informants' professions and occupations, the following participating: one farmer; one religious leader from the Pastoral Health Care program*;¹⁶ one nurse, and one nurse technician, both working in rural extension programs; and three retirees, two with backgrounds in family agriculture, and one from the public rural extension service.

In relation to ethnicity and religion, four informants are from German families and stated themselves to belong to the Evangelical Church of the Lutheran Confession in Brazil. One interviewee is of Portuguese extraction and is a non-practicing Roman Catholic. Two are from more than one ethnic group (one is a descendant of Italians, Portuguese and Spaniards, and another is descended from Germans, Italians and "Brazilians") and declared themselves to be Roman Catholics.

These folk informants started learning about medicinal plants through valuing folk practices in the 1980's and in the early 1990's, promoted by initiatives of Non-Governmental Organizations (NGOs), with support from the Roman Catholic and Lutheran Churches, a fact which emphasizes these Churches' influence in the dissemination of this knowledge.

Furthermore, other factors may have favored the accumulation of knowledge of medicinal plants, such as the diversity of species used for medicinal purposes and the meeting of different ethnic groups, added to the biodiversity and topography of the state of Rio Grande do Sul. These last provided the basis for the shaping of the Gaúcho people's culture and identity, which is strongly linked to the earth, to agricultural activity, and to the use of natural resources in caring for their health.¹⁷

Of the interviewees, three lived in the rural zone, and four in the urban zone. Of these, six indicated plants in the rural area, and only one indicated and cultivated the medicinal plants in the urban environment.

Regarding education, three had not completed junior high, two had completed high school, and technical courses, and another two had completed higher education. These findings contradict the literature, which reveals an inverse relationship regarding schooling and knowledge in the use of medicinal plants, implying that a higher level of education involves a certain massification of customs, principally due to globalization, which might be expected to lead to a gradual loss of the ancestral habits related to phytotherapy.¹⁸⁻¹⁹

This work, however, evidenced that the difference in the informants' level of education did not influence their knowledge related to the use of medicinal plants. All the subjects seek, and emphasize the importance of acquiring, greater knowledge on the issue, as they mentioned and showed the books from their personal collections, used for consulting in the event of doubts. This context demonstrates that folk knowledge goes beyond family knowledge, as the informants seek other means for grounding the health care they provide.

Moreover, coinciding with these results, in a study carried out in Ariquemes in the state of Rondônia, the interviewees mentioned that they acquired most of their knowledge of medicinal plants from books, followed by the exchanging of materials between family members, people from the community, and with the pastoral programs.¹⁸ This fact shows that the informants approached become reference-persons for knowledge on the plants applied in human health – as, in addition to keeping in contact with the earth and the plants, they seek knowledge from bibliographic sources.

The folk informants' conceptions of health and illness

For the folk informants, the health-illness process is closely linked with how the people relate in the spaces in which they are inserted,

* The Pastoral Health Care Program is one of the Social Pastoral Programs of the National Conference of Bishops of Brazil (CNBB), has a civic-religious organization, is non-profit-making, and works on a national scale in Brazil, being an international benchmark, committed to defending, preserving, caring for, promoting and celebrating the life of all of God's people, regardless of any factors of social exclusion, including that of belief. With thousands of agents throughout Brazil, it works in three dimensions: solidarity, community, and political-institutional.¹⁶

and with how they perceive themselves in their relationships with others, with themselves, and with the environment. This conception is visible in the account below:

[...] most of the people are not ill, they are troubled; they are lost in time and in consciousness [...]. Troubled psychology, because at least this is something the doctors have right, the psycho-somatic illnesses [...] (GHW, 68 years old).

This informant understands that the illness is related to the subjectivity and to the emotions, evidencing that feelings of dissatisfaction prevent the individual from perceiving the perpetuation of life, triggering the inability to fully live the moment, leading to disorders and, later, if the feelings are not overcome, to physical illness.

There is a distinction between the biological and cultural dimensions of the illness, which is recognized by this informant. This difference may be divided in two categories: the pathology – the disease, and the infirmity – the illness.⁴ According to the western biomedical paradigm, pathology means poor functioning or poor adaptation of biological and psychological processes in the individual; while infirmity, or being ill, represents the personal, interpersonal and cultural reactions in the face of the illness and the discomfort, imbued with complex family, social and cultural connections.⁴⁻⁵

The conceptions of illness are also strongly linked to the people's contemporary processes of life, which may be perceived in the discourses below:

[...] that person who is always complaining, or for whom nothing is good enough, it's because she's already ill, either physically or emotionally [...]. There are people who are ill because they don't get attention, they are ill for tenderness, for warmth, for being listened to [...] (IR, 45 years old).

This informant conceives of illness as a duality, as she identifies illness as physical and social, influenced by the contemporary way of life, the conception of individualism and the encouragement to consumerism, causing a form of individual and collective illness.

Besides the reduction of human solidarity and the instantaneity of life, the feeling of immediatism offers consequences to the liquid and individualized modern society.²⁰ The essence of the act of living and sharing in a group is often lost, as people no longer have the time to co-exist, converse and exchange experiences.

Accordingly, one folk informant addressed health as an element which has incalculable value, strongly linked to the principles of culture in which the rules and customs were constructed, based on experiences between their members and nature.⁶ This context may be observed in the discourse below:

[...] being in harmony with life and with nature, too, because I think that health is the best possession a person can have [...] (GWH, 68 years old).

Health was presented, by one of the subjects interviewed, as the balance between the healthy state, the illness, and human life.

[...] well, health is this, it's a balance, between the whole of your life, [...] this notion, thus, of balance and quality of life, of well-being, not in that old vision that well-being is a thing that comes from outside, but that which you build (KP, 45 years old).

In this discourse, two principles were identified which may guide the informant's notion of balance: the Hippocratic and the naturalist. The Hippocratic involves maintaining health, which depends fundamentally on the balance of agents which are internal and external to the human organization.²¹ Also in oriental medicine, the body needs to keep in balance with the environment to ensure harmonious functioning.²² According to the naturalist principle, the individual is the agent of his or her own health, through the choices and attitudes adopted in routine situations.²¹ This data is contradicted in the account below: *the majority of the people's illnesses come from wrong food; this is disgraceful! [...] their blood is full of trash, impurities which come entirely from the food* (GWH, 68 years old).

The informant cited above expresses that the illnesses are closely related to issues of impurity, a concept arising from Judaic-Christian theory, in which the individuals become impure through what they eat or their routine practices. Foods have the ability to nourish, protect and ensure the maintenance of the organism – and can also harm the body, provoking or worsening illnesses.²¹ Thus, impurity of alimentation *versus* nature has been described in various studies of alimentary anthropology, which describe food which is impure or “bad for the blood”, that which is able to trigger the movement of body fluids, leading to imbalance of the internal agents.²³⁻²⁷ At the present time, impurity of food can also refer to the foods which suffer a process of industrialization, when artificial products are added, which are thought to contribute to the contamination of the human or-

ganism or, further, to the alteration and pollution of the environment in which they are produced.

Below, another informant states that the absence of nature in the industrialized medications favors a rapid response to the treatment, but that they do not strengthen the organism to confront adverse situations, leaving it susceptible to conditions in which a person may fall ill.

These remedies that I call chemical, they aren't natural. These remedies have a faster action on the organism, and the people of the younger generation use them more, because they're easy to get, but at the same time, they become more open to the illnesses. Because, if they had a knowledge about the earth like we have, they would also strengthen their health, through balanced eating, and – this being a medication – the body would not become ill [...] (NLB, 66 years old).

For this informant, chemical refers to the interaction of elements which make up the industrialized medications, the informant not recognizing the chemical interactions which are present in the elements from nature. Thus, according to this logic, regarding the naturalist system, this informant understands that the causes of illness may be related to people's daily living, and by this reasoning, the person is not the victim, but the agent of his own illness, as he suffers the consequences of his actions depending on what he did, what he ate and where he was.²⁸

In this context, nature is perceived as one of the essential factors for thinking about health, and the medicinal plants are elements linking nature with the human being, as may be seen in the below:

[...] for those who like doing so, it's great to manipulate this plant, because you see the plant has life, and you use it and know that it gives you results, it's really great (IR, 45 years old).

[...] we have to have respect for nature, to ask the plant's permission, and when it's time to pull it up, only to take what you're going to need at that time (MT, 86 years old).

Based on the accounts, one can perceive that there is a relationship between people and nature, and that this can determine whether one is healthy or falls ill. In respecting the environment, one is valuing the context.⁹ Thus, this representation is considered a symbolical category, based on the Hippocratic concept that people, illnesses, foods, medications (medicinal plants, animals or minerals) have a live nature. In this way, the care consists of understanding the person's nature, determining the nature of the illness, and restoring the lost balance.²¹

Thus, health policies which wish to address populations as simple consumers of care, which prioritize technical effectiveness without taking into consideration the issues of meaning given to the material realities, to the human body itself, to health and to illness, run a great risk of failing. Because how people deal with their body, with the illnesses, with the therapies and with the pain is widely determined by the representations which their culture has on the body and on its relations with the mind, faith, and the emotions.²⁸⁻²⁹

In this regard, bringing the discussion to the complementary therapies, with emphasis on the medicinal plants, it is compelling to think that care with these therapies cannot be standardized as if they were industrialized medications. However, it is necessary for nurses and the other professionals from the area of health to consider the local culture and the knowledge of the people in the community where they are inserted, as the medicinal plants are part of their customs and traditions relating in a specific way to the health-illness process.

CONCLUSION

The research revealed that the folk informants possess a unique form of caring, in which the process of health and illness is thought of indivisibly, the body, soul and spirit being in balance with nature and their culture. The use of medicinal plants, in this context, is not limited only to health, but to the construction of care and to the participation of individuals in their process of well-being.

The act of caring, for the folk informants, is undertaken through a relationship based on trust, links, and the exchange of knowledge. During this process, the individuals receive not only the guidance needed for re-establishing their health, but also for developing healthy and sustainable routine practices. Thus, the health professionals, in particular the nurses, need to consider the concepts of health and illness held by the population being assisted, and need to accept the existence of the system of folk care, which seeks to contribute to improving people's quality of life in their historical, social and cultural context.

The democratization and relativization of the use of complementary therapies, in particular of the medicinal plants, occurs through interdisciplinary actions in health care, valuing the knowledge and the resources of each community, and supported by public policy. In this regard, the concepts of health and illness, constructed by

a population, can contribute to the professionals understanding the rules, the values, the customs and the way of life of a social group, becoming an essential support, to allow one to promote health with respect for differences.

This work evidenced the need to look to the folk informants existing in each community, valuing their knowledge in health care. In this way, the challenge exists of continuity of actions which promote approximation between the health professionals' scientific knowledge – in particular of those who work in the Family Health Strategy – and the empirical knowledges existing in the community in which they work. The approximation of these knowledges, within the primary level of health, can be reflected, later, in other levels of care, such as outpatient and hospital care.

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