

HAITIAN IMMIGRANT WOMEN IN THE CARE OF THEIR CHILDREN IN BRAZIL: FACILITIES AND CHALLENGES

MULHERES IMIGRANTES HAITIANAS NO CUIDADO DOS SEUS FILHOS NO BRASIL: FACILIDADES E DESAFIOS

MUJERES INMIGRANTES HAITIANAS EN EL CUIDADO DE SUS HIJOS EN BRASIL: FACILIDADES Y DESAFÍOS

Jeane Barros de Souza¹
Ivoneete Teresinha Schülter Buss Heidemann²
Michelle Kuntz Durand³
Jane Kelly Oliveira Friestino⁴
Maira Rossetto⁵
Larissa Hermes Thomas Tombini⁶

How to cite this article: Souza JB, Heidemann ITSB, Durand MK, Rossetto M, Tombini LHT. Haitian immigrant women in the care of their children in Brazil: facilities and challenges. Rev baiana enferm. 2022; 36: e47988.

Objective: to understand the facilities and difficulties experienced by Haitian women for the care of their children in the Brazilian context. **Method:** qualitative research, participant action type, based on the assumptions of Paulo Freire. Three Culture Circles were held in a virtual way with the participation of 11 Haitian immigrant mothers. The three stages of the Research Itinerary were: Thematic Research; Coding and Decoding; Critical Unveiling. **Results:** women unveiled facilities in caring for their children in Brazil such as access to doctors, vaccines, day care, security, employment, learning Portuguese with their children and church support. They also pointed out challenges: homesickness and lack of family support, stress, fear, discrimination, difficulty in studying and working, few friends, Portuguese language. **Conclusion:** Haitian immigrants mothers face difficulties and facilities in the care of their children in Brazil, being urgent the expansion of public policies of health and education, so that they can overcome the barriers of the migration process.

Descriptors: Emigrants and Immigrants. Mother-Child Relations. Child Health. Women's Health. Health Vulnerability.

Objetivo: compreender as facilidades e dificuldades vivenciadas pelas mulheres haitianas para o cuidado de seus filhos no contexto brasileiro. Método: pesquisa qualitativa, tipo ação participante, fundamentada nos pressupostos de Paulo Freire. Foram realizados três Círculos de Cultura de modo virtual com a participação de 11 mães imigrantes haitianas. Percorreu-se as três etapas do Itinerário de Pesquisa: Investigação Temática; Codificação e Descodificação;

¹ Universidade Federal Fronteira Sul/Campus Chapecó, Nursing Graduate Course. <https://orcid.org/0000-0002-0512-9765>.

² Universidade Federal de Santa Catarina. Department of Nursing. <https://orcid.org/0000-0001-6216-1633>.

³ Universidade Federal de Santa Catarina. Department of Nursing. <https://orcid.org/0000-0003-3660-6859>.

⁴ Universidade Federal Fronteira Sul/Campus Chapecó, Medicine Graduate Course. <https://orcid.org/0000-0002-5432-9560>.

⁵ Universidade Federal Fronteira Sul/Campus Chapecó, Medicine Graduate Course. <https://orcid.org/0000-0002-5683-4835>.

⁶ Universidade Federal Fronteira Sul/Campus Chapecó, Nursing Graduate Course. <https://orcid.org/0000-0002-6699-4955>. larissa.tombini@uffs.edu.br

Desvelamento Crítico. Resultados: as mulheres desvelaram facilidades em cuidar dos seus filhos no Brasil como acesso a médico, vacina, creche, segurança, emprego, aprender português com os filhos e apoio da igreja. Também apontaram desafios: saudade e falta de apoio da família, estresse, medo, discriminação, dificuldade em estudar e trabalhar, poucos amigos, língua portuguesa. Conclusão: as imigrantes haitianas mães enfrentam dificuldades e facilidades no cuidado de seus filhos no Brasil, sendo premente a ampliação de políticas públicas de saúde e educação, para que possam ultrapassar as barreiras do processo de migração.

Descritores: Emigrantes e Imigrantes. Relações mãe-filho. Saúde da Criança. Saúde da Mulher. Vulnerabilidade em Saúde.

Objetivo: comprender las facilidades y dificultades vividas por las mujeres haitianas para el cuidado de sus hijos en el contexto brasileño. Método: investigación cualitativa, tipo acción participante, fundamentada en los presupuestos de Paulo Freire. Se realizaron tres Círculos de Cultura de modo virtual con la participación de 11 madres inmigrantes haitianas. Se recorrieron las tres etapas del Itinerario de Investigación: Investigación Temática; Codificación y Descodificación; Desvelamento Crítico. Resultados: las mujeres desvelaron facilidades en el cuidado de sus hijos en Brasil como acceso a médico, vacuna, guardería, seguridad, empleo, aprender portugués con los hijos y apoyo de la iglesia. También señalaron desafíos: nostalgia y falta de apoyo de la familia, estrés, miedo, discriminación, dificultad en estudiar y trabajar, pocos amigos, lengua portuguesa. Conclusión: las inmigrantes haitianas madres enfrentan dificultades y facilidades en el cuidado de sus hijos en Brasil, siendo urgente la ampliación de políticas públicas de salud y educación, para que puedan superar las barreras del proceso de migración.

Descriptores: Emigrantes e Inmigrantes. Relaciones Madre-Hijo. Salud Infantil. Salud de la Mujer. Vulnerabilidad en Salud.

Introduction

Human mobility historically accompanies the progress of societies and progressive globalization⁽¹⁾. Much of the international migrations are configured in a new geopolitics that engenders processes related to refugee migrations, placing Brazil on the route of international migration in the 21st century, linking to trends in capital and labor force mobility, bilateral agreements and crisis migration^(1,2).

Among the immigrations, 70% of the entry records in Brazil, between 2000 and March 2020, total around 500 thousand new international immigrants in the country⁽²⁾. Among the indigenous populations, Haiti is considered as a crisis migration, because on the one hand there is the presence of a historically and socially constructed emigration from Haiti; on the other, the adoption of the humanitarian visa by the Brazilian State⁽³⁾.

This Haiti-Brazil flow has been growing since 2010, with particulars to be considered, such as: history of domination and unfavorable socioeconomic indicators and natural disasters. The scenario was accompanied by a migration crisis in the country of destination, with manifestation

of xenophobia, lack of embracement and employment policies, black population with a unique competitive disadvantage due to racism and also the presence of language-related barriers^(3,4).

Being a crisis migration, Haitians are exposed to situations of vulnerability and social and health inequities, from the moment they enter the country. The presence of Haitian immigrants in Brazil reflects a heterogeneity of migratory flows, marked by a vast ethical-racial, cultural, linguistic and religious diversity⁽⁴⁾.

In this context, it is worth mentioning the gender vulnerabilities that Haitian women experience along the path of living in another country. Although the law offers the right to UHS in Brazil, multidimensional values can be limiting the relational capacities of women, especially when it comes to gestational period and time of care for their children and family. The lack of a support network and public policies that ensure quality of life, associated with the insertion of Haitian women in the labor market, lead to more evident adaptation processes in women, causing possible biopsychosocial suffering⁽⁵⁾.

Given the above, the following research question emerged: what are the facilities and difficulties experienced by immigrant women for the care of their children in the Brazilian context?

It is urgent to investigate the subject in order to contribute to the improvement of policies in this sector. Added to this, there are still gaps in the studies that address the context of the immigrant mother and her knowledge and do in the care of her children, which justifies the development of this study. Therefore, the objective of the study was to understand the facilities and difficulties experienced by Haitian women for the care of their children in the Brazilian context.

Method

This study consists of a qualitative approach, of the type participant action research, based on the assumptions of Paulo Freire. To do so, the three stages of the Freire's Research Itinerary were performed, which are interconnected with each other, being: 1) Thematic Research, time to collect data, aiming to extract the themes (meaningful words or phrases) from the universe of individuals; 2) Coding and Decoding, data collection and analysis phase, in which participants critically analyze the situation and critically recognize the potential to transform their reality, through dialogical practice and thinking; 3) Critical Unveiling, Data analysis in a critical, reflective and participatory manner, instigating the awareness of those involved, when these exteriorize their worldview^(6,7).

The stages of the Freire's Research Itinerary are developed in the Circle of Culture, which is a space of horizontal-oriented and participatory relations, which involves dialogue and reflection mediated by a facilitator who problematizes the generating themes, promoting exchanges, love and construction of knowledge, in which participants are enriched and transformed through action-reflection^(7,8). In this study, three Culture Circles were developed during the first semester of 2020, under the mediation of a nurse researcher, PhD, with experience in this type of approach.

In the face of the pandemic conjuncture, the Culture Circles was performed virtually, through the Zoom[®] App, with the support of electronic devices, enabling the interaction of participants, even physically distant. With the participants' consent, the three Culture Circles were recorded for approximately two hours each, using a field diary to record the generating themes. It should be noted that this article will address the discussions regarding the second Culture Circle, in which the Haitian immigrant woman in the care of her children in Brazil was dialogued.

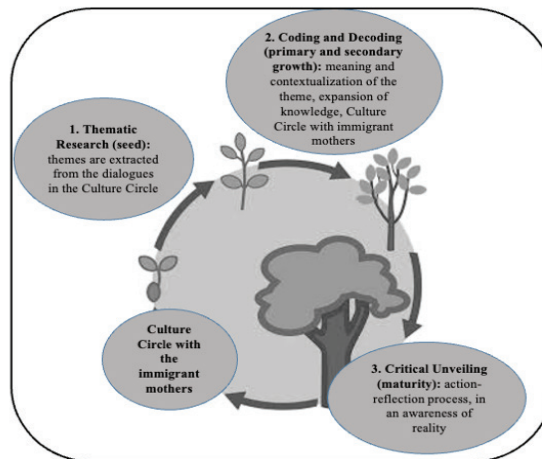
The study included the participation of 11 Haitian immigrant mothers, living in the West region and on the coast of Santa Catarina, Brazil. To organize the participants, first three Haitian immigrants were appointed to participate in the study, with the support of a religious institution, which organizes social work for the immigrant public. With the Snowball⁽⁹⁾ sampling method, these three women invited other immigrant mothers to join the Virtual Culture Circle (VCC). All invited women accepted to participate in the study, and there were no refusals.

The inclusion criteria were Haitian immigrant women aged over 18 years, mothers and residents for more than a year in Brazil. The exclusion criteria were immigrant women who did not understand Portuguese and without access to the internet and electronic devices at the time of the VCC.

To organize the meetings, a group was created through a messaging application with 11 study participants and research team, in order to schedule the meetings. It was also explained the objectives of the study and the operation of the application Zoom[®].

In each VCC, the three stages of the Research Itinerary were covered through an analogy, in order to establish greater connection with Haitian immigrant mothers. The second VCC related the stages of the Itinerary to the phases of tree growth, from something significant and concrete for women in the care of their children, as shown in Figure 1.

Figure 1 – Paulo Freire’s Research Itinerary: analogy with the stages of tree growth. Chapecó, SC, Brazil, 2021.



Source: Created by the authors.

For the first stage, Thematic Research, the mediator of the VCC presented on the computer screen the figure of a tree, especially its seeds, prompting participants to reflect on the care of their children in the Brazilian territory, needing to sow seeds in fertile soil to grow healthy. Thus, the mediator questioned them: how do Haitian immigrant women take care of their children in the Brazilian context? The women discussed widely, and after reflections, defined two generating themes: I) Facilities in the care of children in Brazil; II) Challenges in the care of children in Brazil.

In the Coding and Decoding, second stage of the Freirean Itinerary, the mediator presented the image of a tree on the shared computer

screen. On the right side described the word facilities and on the left side, the term challenges. Thus, she launched the following questions: I) What are the facilities to take care of children in Brazil? II) What are the problems in taking care of children in Brazil?

The women reflected on the issues and then shared their perceptions with the group, while the mediator described the reflections shared through a representative term, as shown in Figure 2. To validate these, the mediator read all the records described for the participants, seeking to seal the process of action-reflection⁽⁷⁾, in which immigrant mothers could rethink their reality and the possibilities of facing the challenges in the care of their children in Brazil.

Figure 2 – Representation of the two generating themes. Chapecó, SC, Brazil, 2021.

| Facilities to take care of children in Brazil | Difficulties in caring for children in Brazil |
|--|--|
| Day care center | Lack of embracement |
| Health center | Discrimination |
| Doctor | Lack of greater knowledge |
| Husband's job | Portuguese language |
| Hope | Adaptation to Brazilian culture |
| Better future for the children | No family support |
| Vaccination | Missing family |
| Security | Children away from grandparents and cousins |
| | Few friends |
| | Being a mother X Working |
| | Fears |

Source: Created by the authors.

For the Critical Unveiling, the last stage of the Freire's Itinerary, the mediator highlighted the stage of tree maturity, in order to instigate the criticality of Haitian immigrant mothers regarding the facilities and challenges of caring for their children in Brazilian territory, in a process of awareness of their real situation, in order to transform their reality⁽⁷⁾. To end the meeting, they were asked about the meaning of having participated in the VCC, which was closed with the mediator singing the song "Sementes", authored by Rodrigo Becker.

All VCC dialogues were transcribed and later organized in digital folders, according to the two generating themes discussed. The analysis of the themes was carried out during the development of the VCC, following the precepts of the Freire's Research Itinerary, which provides for the analytical process.

Regarding the ethical aspects, the study was developed according to Resolution N. 466 of 2012, being initiated only after approval by the Human Research Ethics Committee. The Informed Consent Form (ICF) was read with the participants at the first meeting in which they received, signed and returned it, by e-mail, to the researchers. To preserve anonymity, the participants chose tree names, due to the analogy performed with the phases of the tree during the VCC.

Results

The study participants had been living in Brazil between one and six years, with ages between 20 and 29 years. They were married, with children under six. They lived in rented houses and understood Portuguese. As for the profession, two were university students, two hairdressers, one hairdresser's assistant, four cleaners and two acted as packers for the refrigeration industry. However, due to the pandemic situation and, consequently, the closure of daycare centers, seven of them had to leave their jobs to take care of their children at home, while two continued working and left their children with their neighbor.

In the discussions on the first theme, immigrants reflected on the facilities in caring for their children in Brazil, highlighting the importance of day care centers and health care such as vaccination and facilitated medical care in the country:

The day care center makes it easier to work and leave the children (Brazilian pine).

There is a health center here and that helps a lot (Courbaril).

Medical care is easier in Brazil and the vaccine is also good for children (Kingwood).

The immigrant mothers pointed out as a facility the husband's employment in Brazil, giving them conditions to take care of their children, reflecting in hope and security for a better future:

With my husband's job, we get money to live and take care of the children (Brazilwood).

Here's more safe. I feel safer because we have more opportunities to take care of our children and think about their future (Cedar).

I think Brazil has given us hope and we can give our children a better future (Pine).

Church support has been cited as a facility for childcare in Brazil:

The church helps us understand things better here in Brazil and take care of our children (Chestnut)

In addition, the immigrants addressed that, through their children, they were able to learn Portuguese. They also mentioned the feeling of happiness because some of the children were born in Brazil:

I've learned to speak Portuguese with my son. With him, I got it and had to learn Portuguese (Cockroach berry).

My daughter is Brazilian. She was born here and that makes me very happy (Olive).

In the discussions on the second theme, which discussed the challenges in caring for children in Brazil, women emphasized the lack of embracement, with few friends, feeling discriminated and afraid that their children would not be respected in the future:

In Brazil, there are few people embrace us (Needle Flower).

I have few friends here and I miss having more friends (Olive).

My children and I have been discriminated against several times: at school, by doctors who did not understand us and laughed at us and our language and also at work. (Cedar).

I don't want my son to grow up and feel discriminated against because he is Brazilian. I'm afraid he'll not be respected as a Brazilian (Kingwood).

Added to this, they revealed missing the family members, not being able to count on their important support in the education of their children, who are raised distant from their relatives, emerging stress, fatigue and the constant feeling of missing someone:

I miss my family. My mother and aunts could help me a lot in taking care of the children (Brazilwood).

I get stressed being so far away from my family. I get stressed because I also have to take care of the children alone here, it's tiring (Chestnut).

It's bad to be too far away and raise the kids away from the family. I miss my family who stayed in Haiti (Trumpet Tree).

Another challenge raised by immigrant mothers was the difficulty in taking care of their children and having to work and study:

It's very complicated being a mother and having to study (Courbaril).

I had to leave my job because I didn't have anyone to take care of my children now in the pandemic, because the daycare closed. It isn't easy to be a mother, especially an immigrant, and to be able to work (Brazilian Pine).

The participants reported the relevance of participation in the VCC, in which they were able to dialogue calmly. They also gratefully highlighted the opportunity to engage in dialogue with women in similar situations in order to overcome the challenges surrounding them:

It was good to talk calmly and realize that more people go through the same things (Brazilwood).

Thank you so much inviting me to talk to you here. It was awesome (Chestnut).

I enjoyed thinking about our life and being able to talk to you and imagine the good things we have in Brazil today. We think about the difficulties we have, but we are also able to overcome these problems (Pine).

Discussion

The women interviewed are young, with children and are seeking insertion in the labor market, as well as increased schooling, a profile

also reported in other studies with immigrant women^(10,11). Nevertheless, there are gender inequalities that affect them⁽¹⁰⁾, who occupy less than 30% of formal jobs among this population, working in the sectors of cleaning, refrigerators, food production or sale, with an average income of two minimum wages. They are mainly employed in the state of São Paulo and in the southern region of Brazil⁽¹²⁾.

In the context of Haitian immigration, Brazil occupies important economic prominence in Latin America compared to other countries, such as economic situation, employment opportunity, international position and success^(1,4). Moreover, there is the possibility of access to health services, such as the role of the Family Health Strategy (FHS) in the creation of bonds with health units, in the process of integration with the society of Haitian immigrants and in the development of promoting and preventive actions, as the application of vaccines⁽¹³⁾. These factors facilitate the care of children in Brazil, as highlighted by Haitian immigrant mothers.

Thus, another positive aspect identified was the possibility of enrollment of children from other nationalities in Brazilian schools, especially from the public network. The search for a school education is the basis both for children and young people who accompany their families in the immigration process, as well as for their subsistence and recovery of the living conditions that start in a new country⁽¹⁴⁾.

The support of the church, evidenced by immigrant women, refers to spirituality, which is an important healing strategy, related to religious beliefs. When thinking about religion, there is a strong relationship with care practices and ways of thinking health. Nonetheless, there is still lack of knowledge and interest on the part of health professionals to include other social, cultural and even spiritual dimensions involved in the healing processes. The search of immigrants and their families for other alternatives within their religiosity enables a healthier life in other spaces than their homeland, especially concerning support in the care of their children, as pointed out by the study participants⁽¹⁵⁾.

It is worth reflecting that, although migration is not characterized as a health risk, migratory phenomena can increase the people's vulnerability, considering the different characteristics of the migrant and local population, as well as existing health systems in countries. These individual, programmatic and social aspects of vulnerability should be considered in the elaboration and implementation of public policies⁽¹⁶⁾.

Many immigrants are susceptible to negative migratory experiences, making essential institutional practices that perceive these vulnerabilities and meet the needs of this population, in order to ensure their right to access health, mainly for women and children. It is worth remembering that the right to health is present in the Universal Declaration of Human Rights⁽¹⁷⁾.

Health is understood as a product of interaction of various dimensions, being them biological, psychological, economic, cultural, social, individual, collective, among others. Among these principles, certain people would be more vulnerable to illness than others, when considering health social determinants⁽¹⁸⁾. Thus, restrictions on access to health goods and services deserve special care, especially in the case of immigrant populations, considering that they may represent a serious violation of Human Rights⁽¹⁷⁾.

One aspect of the crisis experienced by the receiving society in the face of the entry of immigrants is the embracement and learning of the official language. There is absence of policies for their embracement, whose one of the axes are the teaching of the Portuguese language and educational policies that work for a culturally sensitive embracement to the immigrant⁽¹⁹⁾.

For immigrants, it becomes difficult to integrate into the new culture, especially because there are no linguistic policies on the part of the government that promote this embracement in Portuguese. Furthermore, there is no incentive on the part of the state for the teaching of Portuguese accessible to this public, and when it occurs, it is reproduced by the insertion of children at school age, who pass on to their families⁽²⁰⁾.

The migrant is a person who is far from the geographical cultural area where they were conceived. Communication between the external and internal world is weakened and the difficulty of communication can generate mental vulnerability for the migrant who faces experience, lack of understanding, defense/protection of their origin⁽²¹⁾.

Migration implies losses and ruptures that could not be prepared and elaborated. Upon arriving in the host country, the immigrant can carry a sense of failure. With this, there is an important number of people who suffer psychic vulnerability that may be associated with several factors that occur after immigration, such as administrative slowness, difficulty in rebuilding a professional and family life, barriers to language, cultural differences, discrimination, changes and inversion of social and other roles. These difficulties usually require psychosocial and psychological follow-up⁽²²⁾.

Data from the International Migration Observatory (2020) showed that women are requesting more work permits than men are and are entering jobs that do not require schooling. The data also show that education among female workers has been higher than among men. The data also show that there is a demand for qualification and work, which may indicate the search for greater autonomy of women⁽¹⁰⁾.

However, for immigrant mothers, exercise motherhood and reconcile other daily activities, such as work and studies can generate overload, stress and anxiety. In Haitian culture, for example, it is more frequent for women to take care of the home and children, and leaving to seek greater independence can lead to increased anxiety, conflicts and concerns⁽²³⁾. In many moments, immigrant women sacrifice their individual projects in order to meet the needs of the family group⁽⁸⁾. In this sense, migration to another country seems to have different gender connotations, because for women, it is essential to have a job and generate sufficient income to live in Brazil and take care of the family⁽²⁴⁾.

Motherhood itself already requires many women to adapt and cope with situations of extreme fatigue and stress, making essential a

support network. In this sense, some immigrant women may have greater overload, as their support network reduce or they suffer from cultural delegation from their country of origin of tasks that are performed only by women, such as taking children to the doctor when they are sick and to school or daycare centers⁽²⁴⁾.

The problems that affect the mental health of immigrants are a challenge for health services and establishing good relations with Brazilians was the main protection factor in a survey⁽²⁵⁾. In this sense, expanding the listening network is a positive factor to reduce mental health problems. In this research, the women reported that the Culture Circle was positive, because they could talk about their feelings and realize that other people go through the same situation. Other studies that applied the VCC reported this positive aspect of such an approach^(5,11).

A limitation of the study was the need to perform the VCC virtually. Physical contact between participants could broaden the bond and deepen the debates. The application of VCC has been innovative within the health area, especially for nursing, highlighting the improvement of a research approach and a light listening technology.

Conclusion/Final Considerations

The results of the study allowed understanding the facilities and difficulties experienced by Haitian women for the care of children in the Brazilian context, and the facilities identified were health care, access to school for children, support of the churches and job opportunities, generating hope and greater security for them. However, there are also numerous difficulties in experiencing the migratory process, such as lack of embracement; few friends; discrimination; lack of family; reconciling work, study and motherhood. In this sense, it is urgent to expand the scope of public health and education policies so that immigrants can overcome the barriers of the migration process.

This study did not intend to exhaust any kind of discussion on migratory issues, but this theme

requires the breadth of the issues that these phenomena raise. Especially immigrant women and mothers, who are in a vulnerable situation, distant not only geographically, but culturally from their country of origin, with losses in their identity, family ties and support network in the care of their children.

In this context, given the reality of the growing number of people who seek Brazil to live and the scarcity of national publications related to the theme, new studies in this area are recommended. The studies need to incorporate the challenges of immigrant women to enter the labor market and what strategies are being used for their qualification.

Collaborations:

1 – conception and planning of the project: Jeane Barros de Souza.

2 – analysis and interpretation of data: Jeane Barros de Souza, Ivonete Teresinha Schülter Buss Heidemann, Michelle Kuntz Durand, Jane Kelly Oliveira Friestino and Maira Rossetto.

3 – writing and/or critical review: Jeane Barros de Souza, Ivonete Teresinha Schülter Buss Heidemann, Michelle Kuntz Durand, Jane Kelly Oliveira Friestino, Maira Rossetto and Larissa Hermes Thomas Tombini.

4 – approval of the final version: Jeane Barros de Souza, Ivonete Teresinha Schülter Buss Heidemann, Michelle Kuntz Durand, Jane Kelly Oliveira Friestino, Maira Rossetto and Larissa Hermes Thomas Tombini.

Funding sources

Higher Education Personnel Improvement Coordination (CAPES). National Post-Doctoral Program Scholarship awarded to Jeane Barros de Souza, Process N. 88887.357993/2019-00.

Acknowledgement

To the Haitian immigrant women participating in this research.

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Received: February 07, 2022

Approved: August 16, 2022

Published: November 21, 2022



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