

# Bolivian immigrant men living in the central area of the municipality of São Paulo: housing and health situation

## Homens imigrantes bolivianos residentes na zona central do município de São Paulo: situação de moradia e saúde

## Hogares inmigrantes bolivianos residentes en la zona central del municipio de São Paulo: situación de moradia e saúde

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# REVISA

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### RESUMO

**Objetivo:** conhecer e descrever a situação de vida e moradia de homens imigrantes bolivianos residentes no centro da cidade de São Paulo, Brasil. **Método:** Estudo quanti-qualitativo de corte transversal constituído através da aplicação de um questionário e a realização de entrevistas individuais. A pesquisa foi desenvolvida com 50 homens, junto a três instituições que atendem imigrantes bolivianos, na cidade de São Paulo, Brasil. Para análise dos dados qualitativos, utilizou-se o método do Discurso do Sujeito Coletivo. Os dados quantitativos foram organizados e agrupados em tabelas. **Resultados:** Os imigrantes bolivianos pesquisados são jovens (58%), com idades até 30 anos, com ensino médio de formação escolar (88%), de raça/cor autodeclarada branca (56%) e trabalham no segmento de confecções. Quanto as condições de moradia, os homens dividem as instalações do quarto com outras pessoas (96%) e 98% dividem a cozinha. O cuidado da casa encontra-se sob a responsabilidade de mulheres (50%), e já cursaram com adoecimento após sua chegada ao Brasil (74%), tendo o desconforto abdominal como principal fator, seguidos de problemas dentários, infecções alimentares. **Conclusão:** Há precariedade das condições de moradia e, problemas de saúde associados com a forma de viver dos homens imigrantes bolivianos, suscitando maior atenção à dimensão de saúde global a partir da problemática da imigração.

**Descritores:** Emigração e Imigração; Saúde do Homem; Saúde Global; Habitação.

### ABSTRACT

**Objective:** to know and describe the life and housing situation of Bolivian immigrant men living in the city center of São Paulo, Brazil. **Method:** Quantitative and qualitative cross-sectional study constituted by applying a questionnaire and conducting individual interviews. The research was carried out with 50 men, together with three institutions that serve Bolivian immigrants, in the city of São Paulo, Brazil. For the analysis of qualitative data, the Collective Subject Discourse method was used. Quantitative data were organized and grouped into tables. **Results:** The Bolivian immigrants surveyed are young (58%), aged up to 30 years old, with high school education (88%), of self-reported white race / color (56%) and work in the clothing segment. As for living conditions, men share the room facilities with other people (96%) and 98% share the kitchen. The care of the home is under the responsibility of women (50%), and they have already suffered illness after their arrival in Brazil (74%), with abdominal discomfort as the main factor, followed by dental problems, food infections. **Conclusion:** There are precarious housing conditions and health problems associated with the way of life of Bolivian immigrant men, raising greater attention to the global health dimension based on the problem of immigration.

**Descriptors:** Emigration and Immigration; Men's Health; Global Health; Housing.

### RESUMEN

**Objetivo:** conocer y describir la situación de vida y vivienda de los inmigrantes bolivianos que viven en el centro de la ciudad de São Paulo, Brasil. **Método:** estudio transversal cuantitativo y cualitativo constituído mediante la aplicación de un cuestionario y la realización de entrevistas individuales. La investigación se llevó a cabo con 50 hombres, junto con tres instituciones que sirven a inmigrantes bolivianos, en la ciudad de São Paulo, Brasil. Para el análisis de los datos cualitativos, se utilizó el método de Discurso del sujeto colectivo. Los datos cuantitativos se organizaron y agruparon en tablas. **Resultados:** los inmigrantes bolivianos encuestados son jóvenes (58%), de hasta 30 años de edad, con educación secundaria (88%), de raza / color blanco autoinformado (56%) y trabajan en el segmento de ropa. En cuanto a las condiciones de vida, los hombres comparten las habitaciones con otras personas (96%) y el 98% comparten la cocina. El cuidado del hogar está bajo la responsabilidad de las mujeres (50%) y ya han sufrido enfermedades después de su llegada a Brasil (74%), con molestias abdominales como factor principal, seguidas de problemas dentales e infecciones alimentarias. **Conclusión:** Existen condiciones precarias de vivienda y problemas de salud asociados con la forma de vida de los hombres inmigrantes bolivianos, lo que aumenta la atención a la dimensión de salud global basada en el problema de la inmigración.

**Descriptores:** Emigración e Inmigración; Salud masculina; Salud global; Vivienda.

ORIGINAL

## Introduction

The immigration of Bolivians in Brazil was formally constituted from a cultural exchange agreement, signed in 1958.<sup>1</sup> However, the dictatorial processes in both countries, in the 1960s, contributed to the cooling of immigration. This period was marked by the arrival of Bolivian students and professionals who were trying to leave their countries for political reasons, for pretending to acquire specific training and also to grow professionally.<sup>2</sup>

The resumption of Bolivian immigration took place in the 1980s, when new immigrants came to work in the area of clothing - textile clothing -, notably in the municipality of São Paulo, led by another group of immigrants, the Koreans. In the 1990s, the Bolivian presence was consolidated in the city of São Paulo, composed mainly of young people with low education, low qualifications and unfavorable economic conditions.<sup>3</sup>

Bolivians became one face among the São Paulo faces, bringing diversity to the territory.<sup>4</sup> It became familiar to distinguish them in São Paulo, especially in central neighborhoods such as Pari, Brás and Bom Retiro.<sup>5</sup> It should be noted that this insertion not always is easy and happy. It is not uncommon to see that these immigrants are in precarious and even subhuman conditions of being and living.

Part of the group continues to arrive in São Paulo to compose the transnational subcontracting circuit.<sup>6</sup> They work in the clothing market; many live in this same space in situations analogous to slavery.<sup>7,8,9</sup> They are places that do not offer any protection to the individual, as for the work performance. Ventilation is insufficient and the lack of ventilation forces individuals to breathe the air composed of residues produced by the sewing fabrics.<sup>10</sup> Such questions are so overwhelming that they reached the public through mass media.<sup>11</sup> and came to be seen as a major social problem.<sup>12</sup> Still, it is evident that the reception of immigrants is a very complex issue, regardless of the political system of the admission country.

There is a field of resistance that moves between concepts and prejudices, real and figurative. Some segments of the original population see immigrants as an individual who invades a space that is not their own. There is a lack of appreciation of the other's culture, an aspect that contributes to the confrontation of various types of discrimination.<sup>13</sup> On the other hand, there is a strong denial of racism and segregationism on the part of the Brazilian population<sup>14</sup> and coexistence is marked by tolerance, a fact that contributes for many foreigners to enter Brazil.<sup>15</sup>

In view of the exposed reality, an investigation was carried out to find out and describe the housing and health conditions of Bolivian immigrant men living in the central region of the city of São Paulo.

## Method

This is a descriptive quantitative and qualitative study with a cross-sectional design. The study was carried out in 3 different institutions, located in the central area of the city of São Paulo, which receive and work with the population of Bolivian immigrants, namely: Grêmio de Bolivianos, Feira da Kantuta and Adventist Church of the Hispanic Community.

The study population consisted of 50 Bolivian immigrant men, over 18 years old. The selection took place based on subjective criteria, i.e., convenient for the researcher.<sup>16</sup>

For data gathering, an instrument consisting of two sections was elaborated: a questionnaire and an individual interview. The questionnaire included socio-demographic variables of the participants, such as: age, education, self-reported race / color, occupation, religion and housing conditions. The interview included home care and aspects related to the health situation in the Brazilian immigration context.

All interviews were recorded, after the individual's acceptance to attend the study, upon the signature of the Free and Informed Consent Form (ICF). The research was approved by the Research Ethics Committee of the Centro Universitário Adventista de São Paulo (UNASP) under number 2,333,355. After the participants' consent, the information was collected, which was carried out between the months of January and February 2018.

The interviews lasted an average of 40 minutes. To analyze part of the interviews, the Collective Subject Discourse-DSC method was used.<sup>16</sup> This method of analysis is a technique for collecting, tabulating and organizing qualitative data. It includes the semantic figures: Central Idea (CI) and Key Expressions (EC).

The Central Idea allows to translate the essential from the discursive content, it is the meaning in each statement; Key Expressions refer to the content of each statement. The Collective Subject Discourse is the gathering of key expressions representing similar central ideas; is a speech synthesized with the key expressions of a Central Idea. Therefore, the guidelines proposed by the Consolidated Criteria for Reporting Qualitative Research (COREQ), for qualitative research, were fulfilled throughout the research operationalization process.

The sociodemographic data, structured and subject to qualitative analysis, referring to the conditions of the residence, home care and declared illnesses were grouped and organized in tables and graphs.

## Results

Table 1 shows the sociodemographic profile of the interviewees. The group was predominantly young, with 58% in the 20 to 30 age group. The mean age was  $30.76 \pm 8.94$ , with a range from 18 to 50 years. No individual had higher education, most had attended high school. Regarding ethnicity, 56% declared themselves white and 40% brown. 56% were evangelical.

### Thematic axis 01: sociodemographic characteristics

**Table 1** - Number and percentage of responses according to the participants' sociodemographic profile. Sao Paulo, 2019.

Demographic variables	N	%
<b>Age (years)</b>		
20 - 30	29	58
31 - 40	13	26
41 - 50	8	16
<b>Education</b>		
Basic School	4	8
High School	44	88
Technical Course	2	4
<b>Self-reported race</b>		
White	28	56
Brown	20	40
Ribbed	2	4
<b>Religion</b>		
Evangelical	28	56
Catholic	19	38
None	3	6

### Thematic axis 02: Housing conditions and existence of household appliances

Table 2 presents the data regarding the interviewees' living conditions. All houses had basic sanitation, an indoor and collective bathroom, shower, kitchen and stove. Regarding the interviewees' housing situation, 96% of them lived in collective rooms and 56% of them were composed of four to six individuals.

**Table 2** - Number and percentage of responses according to respondents' living conditions. Sao Paulo, 2019.

	N	%
<b>Collective kitchen</b>		
Yes	49	98
No	1	2
<b>Fridge</b>		
Yes	49	98
No	1	2
<b>Tank</b>		
Yes	48	96
No	2	4
<b>Bedroom</b>		
Collective	48	96
Individual	2	4
<b>Number of people/ Bedroom</b>		
1 - 3	17	34
4 - 6	28	56
7 - 9	5	10

### Thematic axis 03: Home care

Table 3 shows the interviewees' home care assessment, showing that 64% were satisfied with the house cleaning and 36% stated that the cleaning was the responsibility of the women in the house.

**Table 3** - Number and percentage of responses according to the respondents' home care assessment. Sao Paulo, 2019.

	N	%
<b>House cleaning</b>		
<b>Satisfied</b>	32	64
<b>Dissatisfied</b>	14	28
<b>Indeterminate</b>	4	8
<b>Who cares / cleans the house?</b>		
<b>Myself</b>	3	6
<b>Division of tasks</b>	18	28
<b>Women of the house</b>	22	36
<b>A woman pays to perform the tasks</b>	7	14

Regarding "who takes care of the house", more than half of the interviewees were satisfied with the cleanliness of the house. This thematic axis produced four different categories.

#### Thematic category - Central Idea: "Myself"

<b>Collective Subject Speech:</b>	<i>"I usually clean my house ". (CSD of Bolivian immigrant men, residing in São Paulo, Brazil).</i>
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#### Thematic category - Central Idea: "Division of tasks"

<b>Collective Subject Speech:</b>	<i>"We usually rotate with everyone who lives in the house and can do these tasks. My mother, wife and children usually participate in this rotation. " (CSD of Bolivian immigrant men, residing in São Paulo, Brazil).</i>
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#### Thematic category - Central Idea: "Women of the house"

<b>Collective Subject Speech:</b>	<i>"Those who clean the house are the women of the family, that is, my mother, wife and daughter." (CSD of Bolivian immigrant men, residing in São Paulo, Brazil).</i>
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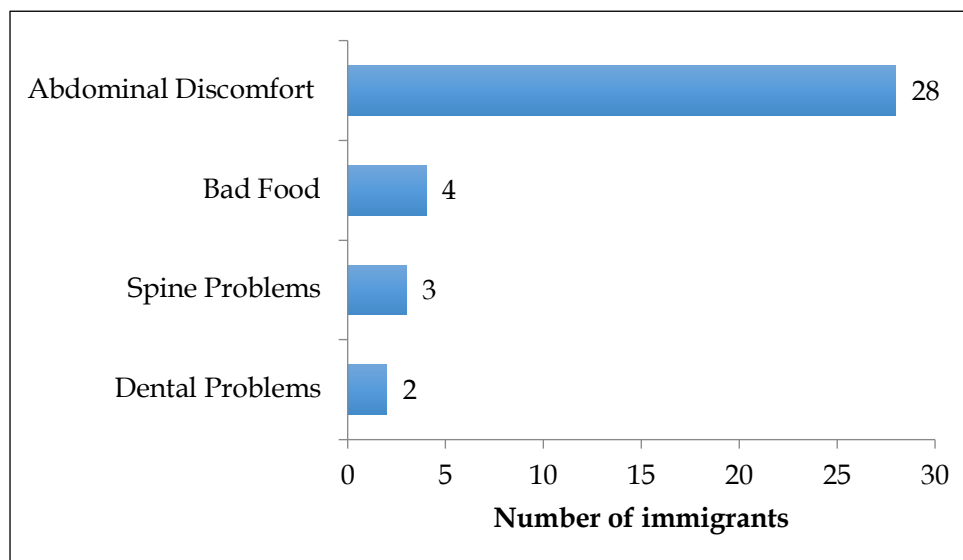
#### Thematic category - Central Idea: "Woman pays to perform the task"

<b>Collective Subject Speech:</b>	<i>"We pay a lady who lives next door to clean our house" (CSD of Bolivian immigrant men, residing in São Paulo, Brazil).</i>
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#### Thematic axis 04: Diseases declared to health condition

Figure 1 shows the diseases declared by the interviewees and their respective frequencies. It is possible to notice that most complaints were about abdominal discomfort (75.5%), followed by bad food (11%), dental problems (5.5%) and spine problems (8%) .

**Figure 1** - Diseases declared by the interviewees.



The thematic axis Category: “declared illnesses” showed the health problems experienced:

##### Thematic category - Central Idea: “Spine problems”

<b>Collective Subject Speech:</b>	<i>“I have back pain, I think it's some chronic back problem. ” (CSD of Bolivian immigrant men, residing in São Paulo, Brazil).</i>
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##### Thematic category - Central Idea: “Dental problems”

<b>Collective Subject Speech:</b>	<i>"I had a toothache, I had to have a canal." (CSD of Bolivian immigrant men, residing in São Paulo, Brazil).</i>
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##### Thematic category - Central Idea: “Bad food”

<b>Collective Subject Speech:</b>	<i>“I ate something bad, which didn't go well. I had severe nausea and vomiting. ”(DSC of Bolivian immigrant men, residing in São Paulo, Brazil).</i>
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##### Thematic category - Central Idea: “Abdominal discomfort”

<b>Collective Subject Speech:</b>	<i>“I have gastritis, burning in the belly, burning in the stomach and belly pain, especially when I eat a lot. ”(DSC of Bolivian immigrant men, residing in São Paulo, Brazil).</i>
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## Discussion

The study is in line with previous research that points to the strong presence of young immigrants.<sup>17</sup> They are individuals who have the potential to contribute to the country's growth and development;<sup>18</sup> men who came attracted by the possibilities of good earnings.<sup>18</sup> with the hope of achieving a better living situation for them and their families who remain in Bolivia.<sup>1</sup>

A large portion of respondents have a secondary education. It should be emphasized that there was no separation between complete and incomplete secondary education. Even so, this highlights the low level of education among these immigrants.<sup>19</sup> Such situation puts the group in vulnerability, causing such individuals to be removed from social protection.<sup>20</sup>

Most of the group of respondents claim to belong to some religious segment. Studies show the power of religion in the face of challenges such as immigration.<sup>21</sup> Nostalgia and insecurity are present in the lives of these individuals.<sup>22</sup> In addition, the facing of these issues is also strengthened by the faith profession. Studies confirm the predominance of evangelicals in the population of Bolivia; the same is true of Bolivians living in Brazil.<sup>23</sup>

In terms of color, immigrants declare themselves mostly white and brown. In Brazil, the racial classification system is complex, resulting from the association of elements such as skin color and body traits, socio-regional origin, education and income. Perhaps the testimonies of immigrants confirm that the same construction is present in Bolivia.<sup>24</sup> In addition to being a non-objective issue, there are difficulties in self-identification. This construct is believed to give rise to spontaneous ribbed color.<sup>25</sup>

Reinforcing the recent history of the Bolivian immigrants work, it appears that they are strongly associated with the clothing sector.<sup>26</sup> In this regard, São Paulo has established itself as a receptive place for the group.<sup>6</sup> Despite the heterogeneity, it is worth mentioning the low qualification among Latin American immigrants. The context makes wages and living conditions precarious.<sup>20</sup>

In relation to housing conditions, the group also mentioned the shared use of the kitchen, an aspect that potentiates health problems, as they suggest a possible lack of hygiene in food care and issues generated by the use multiplicity.<sup>27</sup> The existence of household appliances is compatible with data found in a recent study.<sup>28</sup>

Most individuals share a room with three or more people, with some immigrants sharing the room with eight more individuals. This way of living characterizes the tenements<sup>29</sup>; they are collective dwellings, usually located close to the resident's daily itineraries.<sup>30</sup> All participants reported that the bathroom is in common use, an aspect considered unhealthy to human life.<sup>31</sup>

Changes in the current family context and domestic setting have brought some men to the home care services.<sup>32,33</sup> Even so, only 6% of the interviewees stated that they are responsible for cleaning the house. Especially in the research universe, the domestic service performed by men seems to be related to the interviewees' unmarried status, who do not have anyone else to help them and who are not yet able to pay someone who can fulfill the task.

Even though the interviewees cite the existence of rotation in housework, the female presence in the process is highlighted, even with the transition in the panorama of domestic services.<sup>34</sup> Study shows that the participation of men and

women in the productive and remunerated labor market contributes to task turnover.<sup>35</sup>

The participation of women in the labor market did not exclude them from the obligation of domestic chores.<sup>36</sup> The work carried out by the lady of the house is distinguished as an action of affective ballast associated with the comfort, kindness and well-being of the family group.<sup>38</sup>

Although there are significant changes in family and domestic organizations, an analysis points to the prevalence of female protagonism.<sup>37,38</sup> This framework makes the task of “taking care of the home” one of the main and most powerful forms of work among women.<sup>39</sup> Even in situations of socioeconomic vulnerability, hiring women for home services is a reality.

With regard to health, it was possible to discover that most of the interviewees have already been ill since arriving in São Paulo and many fell ill more than once. It is possible to identify the perception of these men about their health, relevant data, given that, sometimes, they insist on not recognizing the existing problems.<sup>40</sup> The repercussions on health among people who immigrate are evident: physical or mental illnesses or both may arise.<sup>41</sup>

Spine problems are an important public health issue.<sup>42</sup> The incidence is high, especially among individuals of working age<sup>43</sup>, since social conditions and work requirements corroborate the occurrence of injuries.<sup>44</sup> Postural and ergonomic issues are little recognized and valued in the worker care context.<sup>45</sup>

Despite the discomfort they cause and the relevance to health promotion, dental problems are not considered a social priority.<sup>46</sup> Even with the advances consolidated by the Unified Health System, the goals for dental care, within the scope of prevention, are timid. It is important to emphasize that dental treatment, in general, has a high cost and is perceived as a luxury object for part of the population.<sup>47</sup> This aspect helps individuals, citizens and foreigners, to reach the service when there is suffering.

There is a robust analogy between the prison life situation and the condition of Bolivian immigrant workers. The unhealthy context includes the food issue and the presence of spoiled food is a constant that favors damage to the individual's health.<sup>39</sup> A study highlights that contemporary Brazilian slavery feeds its workers with spoiled food.<sup>48</sup> Official inspections attest to the situation by confirming assessments for the supply of putrefied food to workers.<sup>49</sup> The testimonies contribute to the findings, crossing difficult situations with food that may be for consumption.

There is evidence that stomach diseases in the Bolivian community are the result of eating based on excessive consumption of carbohydrates and peppers in all daily meals. We stand out that the food emphasizes an identity that, even outside its natural space, will not be denied. The eating habit is the last to be left by the immigrant; nourishes your culture and recounts your life and memories.<sup>24</sup> At the same time, considering the context, food handling and hygiene care are not ruled out as aggravating factors.<sup>1</sup>



## Conclusion

The scope of the study was to learn about and describe housing conditions, home care and health problems of Bolivian immigrants living in the center of the city of São Paulo. The precariousness of living is highlighted, since the conditions considered difficult and the privacy of living seem to be a privilege not yet won by the interviewees.

Even in the face of unfavorable socioeconomic conditions, there is still little involvement of men in the care of the home, pointing out persistent gender issues in the group. The woman is the caretaker of the house. From the knowledge of this scenario, indications of the lack of care with food were observed, a fact that may be associated with the ingestion of certain deteriorated foods, as well as with declared gastro-abdominal pain, which may be related to the types of food consumed. The latter linked to life references and affective memories of the immigrant.

The study highlights the need to expand actions directed at global health, considering the different contexts of world and Brazilian immigration, as a way to better structure the focal health policies already implemented in Brazil, as well as to qualify the elaboration of policies directed to the sphere migratory. In addition, the study corroborates the 17 millennium goals proposed by the United Nations, such as the guidelines of the World Organization and the Pan American Health Organization.

There is a need for a deep reflection on the lack of an efficient policy to monitor the situation of immigrants. The discussion and implementation of actions, programs and public policies for these populations is considered. In this sense, attention is drawn to the deepening of scientific investigations in this area, expanding the knowledge glimpsed in the tree of knowledge proposed by the Brazilian National Council for Scientific and Technological Development (CNPq).

The study is limited by the number of participating individuals; a specific percentage of the total population residing in the city of São Paulo, Brazil, was researched. However, the statements are believed to represent the truth of a larger group.

Giving immigrants a voice allows us to understand the context and obstacles experienced by individuals who arrive here for a period or for a new life. Incorporating them into society, with dignity, as citizens of duties and rights is the task to be accomplished. This protagonism and visibility, allows to know more precisely, their realities, to think and to elaborate actions and programs to incorporate them in the new society, as citizens of duties and rights. This is a task to be accomplished.

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