

Health situation and socio-environmental conditions in the José Félix micro territory, Santo Domingo de Guzmán. Results of a community diagnosis. Concepción Paraguay, year 2022

Situación de salud y condiciones socioambientales en el micro territorio José Félix, Santo Domingo de Guzmán. Resultados de un diagnóstico comunitario. Concepción Paraguay, año 2022

Laura Patricia Benítez Britez^{1*} , Graciela Ayala¹ , Nelson Ramón Jara Sánchez¹ ,
Gloria Ortiz¹ 

¹ Universidad Nacional de Asunción, Facultad de Enfermería y Obstetricia, Filial Concepción. Concepción, Paraguay

ABSTRACT

This study presents the results of the Community Diagnosis carried out in the José Félix micro territory of the City of Concepción by the students of the Second Semester of the Nursing degree, from the FENOB UNA Concepción Branch; during the development of the Public Health Nursing Technology practice from March to June 2022. The objective was to describe the community diagnosis of the José Félix micro territory of the Santo Domingo de Guzmán neighborhood in the year 2022. Quantitative methods were used to compile sociodemographic data, also on housing conditions, access to basic goods and services, as well as the population's ownership and access to health services. The results show a diverse population in age and gender, with a high prevalence of chronic non-communicable diseases. In addition, deficiencies were identified in housing conditions, access to basic services and solid waste disposal. These findings provide valuable information for the design of interventions led by Nursing, considering that socio-environmental problems require a multidisciplinary circular approach aimed at improving the quality of life and health of residents in this micro territory.

Keywords: health situation, socio-environmental conditions, community diagnosis.

RESUMEN

Este estudio presenta los resultados del diagnóstico comunitario realizado en el micro territorio José Félix de la ciudad de Concepción por los estudiantes del segundo

***Corresponding author:**
labenitez@fenob.una.py

Conflict of interest:
The authors declare no conflict of interest.

DOI:
<https://doi.org/10.57201/interfaz.2024.3.1.4289>

History:
Received: 28/03/2024
Approved: 18/06/2024

License:
Article published in open access with a Creative Commons CC-BY license.



semestre de la carrera de enfermería, de la FENOB UNA Filial Concepción; durante el desarrollo de la práctica de Tecnología en Enfermería de Salud Pública de marzo a junio del año 2022. El objetivo fue describir el diagnóstico comunitario del micro territorio José Félix del Barrio Santo Domingo de Guzmán en el año 2022. Se utilizaron métodos cuantitativos para recopilar datos sociodemográficos, también sobre condiciones de las viviendas, el acceso a bienes y servicios básicos, así como sobre la tenencia y acceso de la población a servicios de salud. Los resultados muestran una población diversa en edad y género, con una alta prevalencia de enfermedades crónicas no transmisibles. Además, se identificaron deficiencias en las condiciones de vivienda, acceso a servicios básicos y disposición de residuos sólidos. Estos hallazgos proporcionan información valiosa para el diseño de intervenciones lideradas por Enfermería, considerando que los problemas socioambientales requieren un planteamiento circular multidisciplinar dirigidas a mejorar la calidad de vida y la salud de los residentes en este micro territorio.

Palabras clave: situación de salud, condiciones socioambientales, diagnóstico comunitario.

INTRODUCTION

The practice of situational health diagnosis is an essential tool in public health, its main objective being the identification and comprehension of the health problems present in a determined community. This detailed characterization of the health situation of the community provided a solid basis for the design and implementation of effective interventions that contribute to improving their overall well being (Pan American Health Organization, 2020, p. 16). By analyzing the health situation of the population, it was possible to identify the main health challenges and needs, as well as the determinants that influence the occurrence and persistence of these problems (Wickremasinghe et al., 2016).

What makes the study particularly relevant is that it was conducted by students as part of the professional practice in the area of the Public Health, within the framework of University Extension activities, considering that this articulates research by discovering new knowledge with teaching (Sarmiento & Guillen, 2016), which aims to critically impart established knowledge, as well as build skills and values (Aparicio et al., 2018).

University Extension is a fundamental tool that allows interaction between the university and society, facilitating the application of academic knowledge to address real problems and contribute to the development of communities (Mélo, Farias, Nunes, Andrade, & Piagge, 2021, p. 3). In this context, the performance of community

diagnosis by university students accompanied by instructors not only provides a practical learning opportunity, but also generates significant benefits for the community and for the family health unit, the health institution in charge of it, by providing accurate and relevant information about its health situation (Rodríguez & Mora, 2021, p. 224).

This present study focused on the José Félix micro-territory, located in the Santo Domingo de Guzmán macro-territory in the city of Concepción, Paraguay. The general objective of this work was to characterize the health situation of this community, in order to provide a comprehensive understanding of its state of well being and the main health problems it faces. This approach allowed the development of specific action strategies aimed at improving the health and well-being of residents in this micro territory (MSPyBS, 2016, p. 23).

The specific objectives of the study were: to characterize the socio-demographic conditions of the micro territory; to evaluate the housing conditions of the population and their access to basic goods and services; and, finally, to identify the population's possession and access to health services.

METHODOLOGY

The methodology of the study was non-experimental, observational, cross-sectional, descriptive with a quantitative approach. The research was developed in collaboration with the

Family Health Unit (USF) of Santo Domingo de Guzmán, where contact was established with the work team to fulfill the objective of the visits. The nursing staff was designated to carry out the on-site reconnaissance of the area.

The tour of the blocks of the micro territory was carried out systematically, following the direction of the cardinal points. Starting from the northwest and continuing until all the blocks were completed, in order to guarantee an exhaustive coverage of the area. The micro territory has 19 blocks in which a total of the 49 inhabited dwellings were found.

For data collection, 49 heads of household were interviewed, which was carried out through brigades formed by students of the second semester of the nursing career, who conducted a house-to-house census, with the active collaboration of the entire community, to whom the objective of the study was explained in order to obtain their informed consent. For this purpose, census sheets and vulnerability forms designed specifically for this type of study were used (MSPyBs, 2017, p. 78).

The diagnosis was subdivided into three groups of data: firstly, it includes general characteristics of the community where data on population descriptions are included; secondly, data on housing conditions and tenure of goods and services were collected; and finally, data on general tenure conditions and access to health services were collected.

It is important to highlight that this activity was framed in the professional practice of public health, with the participation of two technical teachers. In addition, there was the collaboration of two professors of Nursing Research and Epidemiology, which allowed the realization of academic triangulation between teaching, research and university extension (Arenas et al., 2020).

RESULTS AND DISCUSSION

First, with regard to the first specific objective, it was found that the micro-territory, at the time of the community assessment, consisted of 19 blocks and a total of 49 houses. Thirty-three

percent of the houses visited were inhabited, 14% were uninhabited, 7% were under construction and 46% of the territory was vacant land. The total population was 169 inhabitants which was distributed by sex or gender as follows: 44% male and 56% female respectively. In terms of age distribution, 20.11% were under 5 years old, 26.03% between 5 and 19 years old, 52.66% between 20 and 59 years old and 1.18% corresponded to the population aged 60 years and over.

Most of the people had an identity card (85%), 5% only had a birth certificate and 10% did not have any type of document at all. Academic level was distributed as follows: university 12%, high school 40%, primary school 28%, no education 20%. Regarding occupation it was distributed as follows: employed 25%, students 33%, and in others 42% included housewives, minors and the unemployed.

Regarding the second subdivision of the community diagnosis concerning housing conditions and possession of goods and services, it was found that the predominant material of the 49 houses visited was brick (85%), wood houses constituted 12%, and houses with another type of material constituted 3% respectively. Forty-four percent of the houses had only one bedroom, 48% had two bedrooms, and 8% had three bedrooms. Thus, 67% of the population studied lived in overcrowded housing, and 33% did not live in overcrowded housing.

Ninety-two percent of the homes studied had a kitchen area, while 8% had no kitchen area. 100% of the houses had a bathroom, 98% of them had a modern bathroom and 2% had a latrine in good condition.

Two percent of the households had ESSAP service for drinking water supply, 94% had an artesian well, and 4% had a common well for their water supply. 100% of the households had electricity. In terms of garbage disposal, 86% of the households had garbage collection services, 10% of the households disposed of their garbage by burning, 2% by burying it and 2% by other methods.

Sixty-eight percent of the population had a motorcycle as their only means of transportation, 29% had a car, and 3% used other means of transportation (Figure 1).

On the other hand, with regard to the third dimension studied on the general conditions of possession of and access to health services, it was identified that 7% (N=12) of the population suffered from various conditions, among which 50% suffered from arterial hypertension (AHT), 34% suffered from respiratory conditions, 8% suffered from diabetes and 8% also suffered from psychiatric conditions.

61% of the population under study went to the public health service for health care, 32% said they used private health services, and 7% of them sought other types of services to cure their ailments, such as natural medicine. Of these, 44% have insurance through the Instituto de Previsión Social (IPS), 2% have police insurance, 13% have private insurance, and 41% do not have any type of health insurance (Figure 2).

With reference to the results obtained on the general characteristics of the community, the findings show a very young age structure in the micro-territory, with 46.14% under 20 years of age, which is consistent with the theory that indicates a decrease in the relative weight of

the group under 15 years of age, but still with a significant volume of young people as a result of a higher past fertility. The age distribution suggests that the micro-territory is in the initial stage of the “demographic bonus”, where the population in potentially productive ages (20 to 59 years) represents the largest proportion with 52.66%. However, the high proportion of inhabitants with no formal education (20%) and 40% with secondary education indicates a medium educational level, the important group of “others” that includes housewives and unemployed (42%), alerts to the importance of foreseeing institutional mechanisms to adequately attend to this group through health, educational and economic-labor services (Serafini, 2023, p. 34)

The very low percentage of adults over 60 years of age (1.18%) found in the micro territory contrasts markedly with the projections of gradual population aging. This result, which is below expectations, suggests the need for additional research to understand the underlying causes of this finding.

The findings show that 85% of the housing conditions and tenure of goods and services in the José Félix micro-territory were made of brick and 12% of wood, similar to those reported in another study on quality of life in slums in Paraguay, with 86.7% of the dwellings made of brick, but a higher

Figure 1. Distribution according to predominant material of the dwellings of the inhabitants of the José Félix micro-territory in the year 2022.

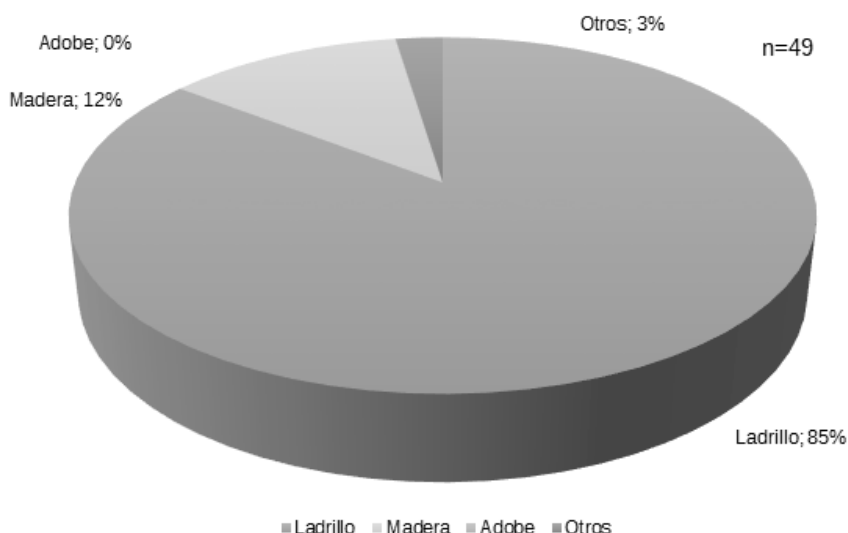
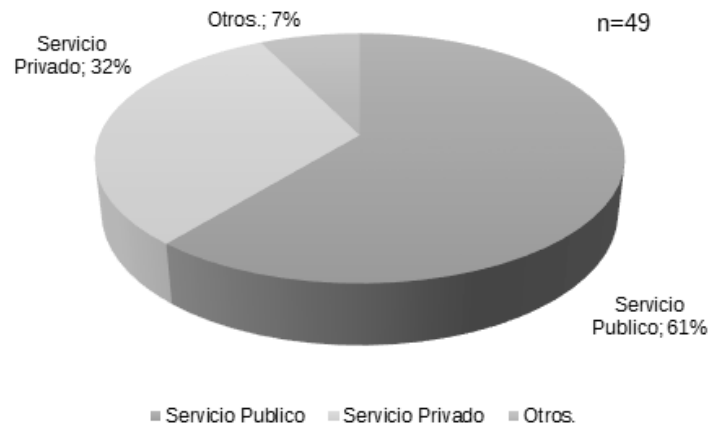


Figure 2. Distribution according to health services attended by the inhabitants of the José Félix micro-territory in 2022.



proportion of precarious dwellings (13.3%) in the settlements of the metropolitan area of Asunción. In addition, there was critical overcrowding, with 67% of the population living in 1 to 2-bedroom dwellings. In terms of basic services, although 100% had electricity, only 2% had access to drinking water service from ESSAP, while Techo Paraguay through (Báez, 2020), reported 81% with regular water connections in the metropolitan area.

In the micro-territory studied, poor waste disposal was observed, as only 86% of the households had garbage collection services. Among the most common practices, garbage burning stood out with a 10% prevalence. This finding indicates the lack of adequate infrastructure for waste management, and the practice of burning that is harmful to the environment, which could have negative implications for the environment and public health.

In relation to the third dimension studied regarding the health conditions of the population, a high prevalence of chronic non-communicable diseases (NCDs) was found, with arterial hypertension (50%) and respiratory conditions (34%) being the most frequent. This coincides with data provided by the Ministry of Public Health and Social Welfare, which indicate that NCDs cause 3 out of every 5 deaths in Paraguay annually, with cardiovascular diseases, respiratory diseases, diabetes and cancer being the main culprits (Báez, 2024, p. 61).

The burden of these chronic diseases evidenced in the micro territory studied reflects the epidemiological transition described by Omran (1971) cited by Zavattiero et al. (2019) "where infectious diseases decrease and pathologies associated with unhealthy lifestyles increase" (p. 33).

Regarding access to health services, it was found that 61% of the population resorted to the public system, while 32% went to private providers and 7% used natural medicine. In addition, only 44% had coverage from the Instituto de Previsión Social (IPS) and 41% lacked any health insurance. These findings are worrying in the context of the prevalence of NCDs found, since, according to the Ministry of Public Health and Social Welfare (2014), almost 3 out of 10 deaths from these diseases in Paraguay occur prematurely, before the age of 70 years, which could be related to barriers in timely access to comprehensive and quality health services.

It is important to highlight a relevant observation that was not captured by the data collection instruments. In this case, during the work process in the community, the lack of a place for family recreation and tree planting in the community green space was inspected. This observation is significant because it provides valuable information about the needs and deficiencies of the community in terms of recreational and family recreation areas, as well as the lack of green and wooded areas.

CONCLUSIONS

According to the results obtained, the present research concluded that in the José Félix micro territory in the year 2022 the demographic structure of the community was young, with a remarkable 46.14% of the population under 20 years of age, indicative of an initial phase of the “demographic bonus”. Despite this, the presence of a high percentage of people with no formal education and a high school education indicates the existence of challenges in terms of access to essential services and economic opportunities.

In addition, the results revealed precarious housing conditions, with a high rate of overcrowding, limited access to basic services such as drinking water and poor waste disposal.

In addition, the prevalence of chronic non-communicable diseases such as hypertension and respiratory ailments raise additional concerns about the quality of life and public health in the community. It is alarming to note that a considerable portion of the inhabitants do not have any type of health insurance coverage, which exposes them to financial hardship in the event of serious health problems or costly treatments. “This lack of financial protection represents a threat to the stability and well-being of the most vulnerable families” (Benítez et al., 2023, p. 38).

Finally, it is important to highlight the role played by the nursing students in carrying out the diagnosis as part of their professional practice in public health and university extension. Their participation not only contributed to the collection and analysis of data with the support of teachers from various areas, but also promoted community collaboration. This interdisciplinary collaboration between academia and the community reflects a comprehensive and participatory approach to address public health challenges and promote sustainable development in the José Félix micro-territory.

REFERENCES

- Aparicio, X., Chinimin, M., y Toledo, O. (2018). El rol de la vinculación en la integración de las funciones sustantivas de la Universidad. *Revista Universidad Metropolitana de Ecuador*, 22-38.
- Arenas, B., Toro, J., y Vidarte, J. (2020). Conceptos de Investigación. *Revista Científica de la Universidad Autónoma de Manizales*, 34-51.
- Báez, P. E. (2020). Calidad de vida en los asentamientos precarios del Paraguay. *Revista Científica de la Facultad de Filosofía-UNA*, 171-191.
- Benitez, L. P., Giménez, M. K., y Giménez, E. D. (2023). Gasto de bolsillo en salud en el Hospital Regional Polivalente IPS Concepción de usuarios de los servicios de clínica médica y cirugía 2020. *Medicinae Signum*, 2(1), 36-47.
- Mélo, C. B., Farias, G. D., Nunes, V. R., Andrade, T. S., y Piagge, C. S. (2021). A extensão universitária no Brasil e seus desafios durante a pandemia da COVID-19. *Research, Society and Development*, 1-12.
- Ministerio de Salud Pública y Bienestar Social de Paraguay. (2014). *Análisis de la situación de las Enfermedades Crónicas No transmisibles*. MSPyBS.
- Ministerio de Salud Pública y Bienestar Social de Paraguay. (2016). *Política Nacional de Salud 2015 – 2030*.
- Ministerio de Salud Pública y Bienestar Social. (2017). *Guía de trabajo en Atención Primaria de Salud*. MSPyBS.
- Organización Panamericana de la Salud. (2020). *Las funciones esenciales de la Salud Pública en las Américas*. OPS.
- Rodríguez, T. M. G., y Mora, R. Z. G. (2021). El diagnóstico comunitario en la investigación

acción. *Dominio de las Ciencias*, 219-233.

Sarmiento, M., y Guillen, J. (2016). Integración Docencia, Extensión e Investigación. *Revista Educación Superior y Sociedad*, 33-47.

Serafini, V. (2023). *Informe sobre juventud en el Paraguay. Insumos para una política pública de juventud*. BID, UNFPA.

Wickremasinghe, D., Hashmi, I. E., Schellenberg, J., y Avan, B. I. (2016). District decision-making for health in low-income settings: a systematic literature review. *Health Policy and Planning*, 31, ii12–ii24. <https://www.jstor.org/stable/48508580>

Zavattiero, C., Fantin, M. A., y Tornatore, G. Z. (2019). *Las demandas potenciales en salud y cuidados desde los cambios en la dinámica demográfica en Paraguay*. Arandurâ.

Mba'éichapa tesãï ha jeïko socioambientales micro territorio José Félix, Santo Domingo de Guzmán-pe. Ohejáva hapykuerépe umi kuaara'ã tavavore'ípe. Concepción Paraguay, 2022 arýpe

Момбыкы

Pe ñehesa'yjïo ohechaukahína umi kuaara'ã ijapopyre ohejáva hapykuerépe ojejapóva micro territorio José Félix Concepción távape umi temimbo'e oïva semestre mokõihápe carrera de enfermería-pe, FENOB UNA Filial Concepción-pegua; ojeguerojerahápe pe ñeha'ã oikóva Tembiporupyahu Enfermería-pe de Salud Pública jasyapy guive jasyoteĩ meve 2022 arýpe. Jehupytyvoirã ha'ékuri oñeha'ãngahaívo pe tekoha ñehesa'yjïo micro territorio José Félix del Barrio Santo Domingo de Guzmán 2022 arýpe. Ojeiporúkuri tapereko papapýva ojeipapa hağua umi marandu sociodemográfico, avei umi óga reko, jehupyty umi tembiporu oñeikotevëvéva ogapýpe, upéicha avei ohupytyvo tesãïrã reko. Umi ohejava'ekue hapykuerépeniko oïkehína yvypóra heta aryichagua ha meñareko, ikatuva'erãichagua hasyreive hakatu pe mba'asy ova'yvaguï. Avei, ojehechákuri mba'éichapa naiporãï pe ogareko, tembiporu ñeikotevëvéva ogapýpe jeguereko'y ha avei yty ñemombo. Ko'ã mba'e ojejuhuva'ekuéniko ome'ẽ marandu iporãitereíva oñemoheñói hağua ñepytyvõ omoñepyrũva Enfermería, ojehechakuaávo umi apañuãï socioambiental oikotevëha peteĩ aponde'a multidisciplinar omoporãvévo umi yvypóra resãï ha rekove oikóva ko micro territorio-pe.

Ñe'ëteete: tesãï reko, teko socioambiental, atýpe Ohejáva.