

African immigrant students in Ceará - adaptive process analysis

Estudantes africanas imigrantes no Ceará - análise do processo adaptativo

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RESUMO | Estudo de caso com o objetivo de analisar o processo adaptativo de estudantes africanas imigrantes no Ceará, realizado na Universidade da Integração Internacional da Lusofonia Afro-Brasileira em Redenção-Ceará-Brasil. Participaram do estudo onze estudantes procedentes de Países Africanos de Língua Oficial Portuguesa (PALOP'S). De acordo com a nacionalidade, incluímos: três de Moçambique; duas de São Tomé e Príncipe; duas de Cabo verde; duas de Angola; e duas de Guiné-Bissau. As estudantes estavam na faixa etária de 22 a 32 anos. Com relação à renda mensal, a individual variava de R\$ 500,00 a R\$ 1.020,00, e a familiar de R\$ 500,00 a R\$ 1.300,00. Dentre as estudantes, identificamos fatores de risco para Síndrome Hipertensiva da Gravidez, além da cor negra. Os motivos da migração estavam relacionados com a busca de uma formação acadêmica, conquista de melhores condições de trabalho e de realização profissional e disponibilizar melhorias para os familiares e conhecidos do País de origem mediante o seu regresso. Para sete estudantes houve facilidades, e estas se relacionavam com oportunidade de estudo financiado, liberdade, segurança, melhores condições de vida, e amadurecimento. As dificuldades de adaptação no País eram inerentes ao tipo de alimentação, clima, cultura, racismo/preconceito, custo com moradia, acesso aos serviços de saúde, insegurança e violência. A partir da análise dos resultados consideramos que as estudantes imigrantes africanas enfrentavam dificuldades no processo adaptativo migratório mediadas pela diferença cultural, discriminação, racismo e poder aquisitivo aquém das ofertas locais relacionadas ao atendimento às suas necessidades básicas.

PALAVRAS-CHAVE: Estudante. Adaptação. Imigração.

ABSTRACT | Case study with the objective of analyzing the adaptive process of African immigrant students in Ceará, at the University of International Integration of Afro-Brazilian Lusophony in Redenção-Ceará-Brazil. Eleven (11) students from Portuguese-Speaking African Countries (PALOP'S) participated in the study. According to nationality, we include: 03 (three) from Mozambique; 02 (two) of Sao Tome and Principe; 02 (two) Green cable; 02 (two) from Angola; and 02 (two) from Guinea-Bissau. The students were in the age group of 22 to 32 years. In relation to the monthly income, the individual ranged from R \$ 500.00 to R \$ 1,020.00, and the family from R \$ 500.00 to R \$ 1.300.00. Among the students, we identified risk factors for Hypertensive Pregnancy Syndrome in addition to black. The reasons for the migration were related to the search for an academic formation, to obtain better conditions of work and professional achievement and to make improvements to the relatives and acquaintances of the Country of origin upon their return. For seven students there were facilities, and these were related to opportunity for study funded, freedom, security, better living conditions, and maturity. The difficulties of adaptation in the country were inherent to the type of food, climate, culture, racism / prejudice, cost of housing, access to health services, insecurity and violence. From the analysis of the results, we consider that African immigrant students faced difficulties in the adaptive migratory process mediated by cultural difference, discrimination, racism and purchasing power short of local offerings related to meeting their basic needs.

KEYWORDS: Student. Adaptation. Immigration.

Introduction

Migration trends are a compelling global reality that counteracts demographic aging and meets the needs of the labor market, essential contributions to economic and socio-cultural development. Migration is also a challenge, because new requirements arise, as the population becomes more heterogeneous, and societies have to adapt to a new context of coexistence. One of the most important challenges concomitant with migration is the universal and equitable provision of health care. It must be accessible and of high quality for the entire population, regardless of gender, ethnicity or country of origin, since it is a human right issue, as has been mentioned in the UN Human Development Report. Portugal and Brazil have demonstrated commitment to improving the integration of their migrants. Health and access to health care are essential aspects of the social inclusion or exclusion of immigrants (Ingleby, 2012; Cavalcanti, 2015).

Migrant women start their mobility process more often before or even during the age of procreation, regardless of the personal and social motivations that lead them to leave their country. These women, once confronted with the new social contexts, are exposed to biological, environmental and psychosocial risks, accentuating situations of social vulnerability (Fernandes, & Miguel, 2009; Bunevicius, Kusminskas, Bunevicius, Nadisauskiene, Jureniene, & Pop, 2009).

The process of stress associated with the migration process can be an important trigger for psychological complications such as postpartum stress, anxiety and depression (Bunevicius et al., 2009; Rumbold, Bailie, Ross, Si, Dowden, Kennedy, Cox, O'Donoghue, Liddle, Kwedza, Thompson, Burke, Brow, Weeramanthri, & Connors, 2011). Many of these risk factors are motivated by the lack of social support, socio-cultural uprooting (characteristic of the migratory process), which brings with it personality changes. Hence we are confronted daily with situations of premature birth, newborns with low birth weight and higher infant mortality among the immigrant population (Eastwood, Phung, & Barnett, 2011). In addition, migrants generate expectations about health care received during pregnancy, generally deferring conflicts with the normative procedures of the host country (Dias, Gama, & Rocha, 2010; Dias, Severo, & Barros, 2008).

The issue of vulnerability becomes more alarming when there are barriers that prevent migrant populations from accessing the health system, such as those related to economic hardship, language problems, mobility, legal status, the care provider's attitudes health, and cultural differences (Dias et al., 2010).

Migrants tend to be the most vulnerable population group, especially women of childbearing age, who regularly show higher fetal and neonatal mortality, and more complications during pregnancy and postpartum (Bunevicius et al., 2009; Rumbold et al., 2011; Almeida, Costa-Santos, Caldas, Dias, & Ayres-de-Campos, 2016).

The good health of this collective is fundamental for the future of the countries that receive them. Studies have shown that migrants have worse health indicators, especially during gestation or puerperium; higher levels of maternal mortality, neonatal and infant mortality, spontaneous abortions, higher incidence of postpartum depression; and low birth weight infants; and consequence of very low gynecological follow-up and deficient prenatal education (Machado, Santana, Carreiro, Nogueira, Barroso, & Dias, 2007; Almeida et al., 2016).

The academic migration of the Portuguese-speaking Africans who came to Ceará looking for educational training studied in existing public education institutions, such as the State University of Ceará - UECE, Federal University of Ceará - UFC and the University of Integration Afro-Brazilian Lusophony International - UNILAB. The latter was created during the suspension of Bill No. 12,288 of June 20, 2010, which created the Racial Equality Statute, and had the objective of promoting public policies of equal opportunities and anti-discrimination (Langa, 2016a; Brasil, 2016).

The binomial health-versus-migration of this student population is governed by Decree No. 7.948 of 2013, referring to the Student Program-Graduation Agreement and Post-Graduation Agreement, which give students free access to use universal care of public health services through Law No. 8,080 of 1990, which regulates the Unified Health System (SUS) (Ministério das Relações Exteriores, 2015; Brasil, 2016).

According to Decree 7.948 of March 12th, 2013, in Chapter V of Article 14 regarding the Student Program-Graduation Agreement, "the student-agreement

is guaranteed medical, dental and pharmaceutical assistance by the SUS, under the terms of an agreement signed between the Ministry of Foreign Affairs and the Ministry of Health, without prejudice to the student's adherence to a complementary health plan (Decreto nº 7.948, 2013).

Why could only the citizens of Portuguese-Speaking African Countries (PSAC) - Angola, Cape Verde, Guinea-Bissau, Mozambique, Sao Tome and Principe and Timor-Leste - be inserted in this regulated migration process and couldn't other Africans or even other nationalities be also inserted? Langa (2015) justifies this fact because of the linguistic and cultural proximity that at first seems to be an integrating and inclusion factor, and because it is the most representative and numerous migrant collective living in the State of Ceará.

The great question that arises right now is how this collective ascends to the existing national health network, knowing in advance that the Brazilian Constitution, the Constitution of 1988, confers all citizens, whether national or foreigners, the same rights in free access to SUS: equity, integrality and universality. It is important to recall that the trinomial is based on gratuitousness (Langa, 2016b; C6, 2011).

The SUS created by Law 8080/90, indicates normative principles - universality, integrality and equity, which assure the population the right to citizenship, that is, every human being has the right to a standard of living capable of assuring it and its family, health and well-being, being this right of all and duty of the State (Barbiani, Junges, Nora, & Asquidamini, 2014).

Through the aforementioned problem, we asked: how is the adaptation of immigrant students in the migration process? Faced with this questioning, we opted for this study with the objective of analyzing the adaptive process of African immigrant students in Ceará.

Method

Case study carried out at the University of International Integration of Afro-Brazilian Lusophony (UNILAB), in Redenç6o-CE. UNILAB is linked to the Ministry of Education (MEC) of the Federative Republic of Brazil, headquartered in Redenç6o-CE, established by Law

No. 12,289, dated July 20, 2010, and installed on May 25, 2011.

Eleven (11) students from Portuguese-Speaking African Countries (PSAC) participated in the study. According to nationality, we include: 3 (three) from Mozambique; 2 (two) from Sao Tome and Principe; 2 (two) from Cape Verde; 2 (two) from Angola; and two (2) from Guinea-Bissau. The selection criteria of the interviewees was simply that they were regularly enrolled in UNILAB.

We construct the following guiding question: "How was or how is your adaptation process?"

Data collection took place during the months of July to October 2017, through two techniques: form, whose instrument contained socio-demographic and sanitary data, and semi-structured interview with the guiding question. We interviewed the Institution of Higher Education (IHE), according to the time and place previously agreed with the students. The number of participants was determined by the saturation of the information. The interviews were handwritten because the recording was not authorized by the participants.

The information was organized from the content analysis, following the Bardin's postulates (2014), according to the steps for the analysis and interpretation of the data collected: Pre-analysis - we carry out an exhaustive reading of the interviews; Exploitation of material - after reading, we choose the units of record and then identify and construct the categories; and Treatment of results - from the results obtained, we proceed to the interpretation, based on the selected literature.

This research was developed according to the Resolution No. 466/12 of the National Commission of Ethics in Research (CONEP) (Brazil, 2012), which regulates research with human beings. Participants were assured anonymity and the right to withdraw consent at any time they wish. The data were collected after signing the Informed Consent Form and the favorable opinion issued by the Ethics Commission of the University of Fortaleza - UNIFOR, under the number 56818116.5.0000.5052. Students were identified by letter I, followed by nationality and number of participants (I01 nationality to I11 nationality), in order to ensure anonymity in the citations of their speeches.

Results

Characterization of students

The women were in the age group of 22 to 32 years; four were single, six lived with their companion in stable union, and one was separated; Regarding religious practice, five reported Catholicism, four evangelical religion, and one candomblé; and about origin, seven resided in Redenção-CE, and four in Acarape-CE. Regarding the monthly income, the individual ranged from R \$ 500.00 to R \$ 1,020.00, and the family from R \$ 500.00 to R \$ 1.300.00. We emphasize that six cohabitated with companion, children and friends, and the others with children and friends.

Regarding health data, we identified risk factors for Hypertensive Pregnancy Disorder (HPD) in addition to the black color, which are as follows: ten primigravidae; two hypertensive; two with a family history of HPD; two made use of alcoholic beverages; one with overweight; a multiparous; one reported high blood pressure in the previous pregnancy; a diabetic; and one with twin pregnancy. The women had an up-to-date vaccination schedule, and two were exposed to fellow smoking.

The analysis categories emerging from the analysis of the interviews on the adaptation to the migratory process were: length of stay of the participants in Brazil; reasons for migration; and Adaptive process in Brazil.

Length of stay

The length of stay of women in Brazil, precisely in Ceará, varied from one to three years. Migration flows are more numerous, faster, more diversified and complex now than in the past, affecting all continents, genders, social classes, generations and the various domains of public life. The issues of health, quality of life, human rights and citizenship of migrant populations are at the heart of the concerns of many European Union countries, but also of many other Latin American countries such as Brazil. Access to health is an indispensable fundamental right for the exercise of other human rights. However, the multiple and complex relations and individual and collective variables, namely psychological, social, cultural, environmental and political, implicated in health and disease issues, accessibility to health services, and also in the migratory and acculturation process.

Reasons for migration

According to the students' reports, the reasons for the migration were related to the pursuit of academic training, better working conditions and professional achievement (safety / stability), and making improvements available to relatives and acquaintances of the country of origin upon his return:

[...] seek improvements in studies and vocational training from an undergraduate degree [...] (I CV4)

[...] seek better education conditions and international vocational training (I GB8)

[...] in search of better working conditions and safety (professional achievement) [...] (I M6)

[...] gain knowledge to return to my country and help those who need [...] (I CV3)

[...] start my studies and seek improvements for my people when I return [...] (I GB9)

Adaptive Process in Brazil

The students declared facilities and difficulties during the adaptive process. For seven students there were facilities, and these were related to opportunity for study funded, freedom, security, better living conditions, and maturity:

[...] the scholarship is small, but it makes my studies easier [...] (I A2)

[...] freedom of the family, more opportunities for studies [...] (I CV3)

[...] safety, better living conditions, improvement of studies, maturation [...] (I M6)

[...] I am now free, because I was badly arrested by my parents in Guinea [...] (I GB8)

The difficulties were stated by all students and were inherent in the type of food, climate, culture, racism / prejudice, housing cost, access to health services, insecurity and violence:

[...] the climate is very hot and dry, food is very industrialized, if you want to eat well you will have to spend a lot. Due to the culture or lack of culture better and more developed and open mind, local population

is very closed to us all, they are abusive, charging us expensive rents where the structure is very bad. In addition, sometimes looking at us and treating us with indifference [...] (I A1)

[...] food, housing, health, racism, lack of student financing, insecurity. We are more assaulted because we are black and migrants, so they do not care, if they were with the local whites they would have solved. Pretend that they do not listen to us. They think that we do not have rights [...] (I CV3)

[...] insecurity, housing, food, costs, racism. The local population treats us as if we were the slaves and think that we have come to steal their children's jobs and still charge us dearly for the rents. Thinking that we do not know the real values of things [...] (I CV4)

[...] very high housing price, prejudice, different food and expensive. Everything expensive and bureaucratic. Expensive housing, prejudice. High price, for little comfort and offered structure. Local population and health professionals look at us differently [...] (I M6)

[...] food, hot weather, violence, difficulty in consultations, delay in performing examinations and receiving. All these factors are difficulties for our adaptation. Not to mention that we are discriminated against, because the behavior of the residents is different with the black people (I GB8)

[...] a lot of violence, prejudice, different food, good and healthy food is expensive in Brazil. Housing value is very expensive and the conditions are lousy [...] (I STP11)

The migratory process encourages dreams, brings joy, but on the other hand it offers innumerable difficulties to the populations that dare to go to other worlds. It is stressed the need to create strategies and reception mechanisms for the integration of these populations according to the assumptions set in the Brazilian Constitution, since these, with their effort and work, will be able to cooperate in the enrichment, general well-being and progress of the country.

Discussion

African students integrated into the federal and state universities - who are, in fact, the minority - survive on Student Program-Graduation Agreement fellowships and other agreements signed between Brazil and its countries of origin. The larger segment, which studies

in private colleges, receives money from families to pay tuition and stay in college, supplementing their income through work considered irregular - in shops and markets, beauty salons, workshops, factories and buildings, restaurants or even in the parking lots of large shopping malls and supermarkets, or even in "family houses" like nannies - to guarantee survival and the locomotion in the city itself (Langa, 2016b).

Social determinants demonstrate that they are strong determinants of quality of life in general and of immigrants in particular. A low quality food almost always motivated by economic difficulties, propitiators of metabolic alterations, deficit medical follow-up make of this collective an important sanitary risk group. In recent years, there have been numerous cases of tuberculosis among the immigrant population (Almeida et al, 2016).

The students reported varying length of stay between one and three years and highlighted a multiplicity of psychological, social, cultural, environmental, and political problems with health implications, accessibility to services related to the migratory process, and acculturation itself. These variables can lead to isolation, stress, anxiety, depression, conflict, exclusion and illness, which may affect not only the mental and physical health, well-being and quality of life of migrant men and women, but also, their access to health care and prevention, the claim of their rights and the exercise of citizenship (Almeida et al., 2016).

In turn, academic training, obtaining better working conditions and professional achievement, namely, security and stability, and granting benefits to relatives and acquaintances of the country of origin upon their return were the reasons pointed out for the migration. The opportunity to study in a foreign country such as Brazil, where there is a common "theoretical" language, is seen by most African immigrants as a means of improving their country of origin (Langa, 2016a). African emigration in the era of globalization (Malomalo, B., & KabubndaBadi, 2015) represents for the African continent an academic-scientific opportunity necessary for the socio-economic development of these developing countries.

Facilities and difficulties were identified during the adaptive process in the participants' testimony. Also for Langa (2016a), the "new world" is a door of opportunities for experiences of new liberties: political, sexual and affective partners.

Luso-African migration for academic reasons debuted in 2010 with the creation of the Federal University of Luso-Afro-Brazilian Integration (UNILAB) (Langa, 2016a). Thus, in the last decade of the twentieth century, the presence of a new flow of African population in the State of Ceará begins, mostly students, from PSAC to join the Federal University of Ceará (UFC), through the Student Program-Graduation and Post-Graduation Agreement, being the first group from Angola (Oliveira et al., 2017). The difficulties were stated by all students and were inherent in the type of food, climate, culture, housing cost, access to health services, insecurity, violence and racial prejudice leading to discrimination.

One of the great themes that surfaced in the analysis of content was the racial question, the prejudice and the discrimination to which the Africans are subjected. For many of them, it's the first experience of life that they are faced with when arriving in Ceará lands (Langa, 2016b).

However, Carvalho (2012) states that there is a long way to citizenship in Brazil. The Country of racial diversity, but of monoracial politics, of the invisibility of the black people and of the ostracism to which they are vetoed. The situations of prejudice and racial discrimination that permeate Brazilian society, including Ceará, have entered public and private IHE, with several cases of racism suffered against African students by teachers, colleagues and administrative staff. However, even denouncing such situations of racism and making an incident report in the police stations, such situations continue to occur and increase. Still, faced with difficulties in the various spheres of life - personal, student, professional life, access to essential public and private services such as health, banks, the Federal Police and their precarious insertions in the labor market - these subjects diasporic have persevered in the day-to-day struggle, believing that their conditions of insertion in society strengthen, and are accepted, recognized and integrated as citizens.

According to the Federal Constitution of Brazil, access to the Immigrant Health System must be equivalent to that of natives. Challinor (2012) points out, however, that differences must be recognized, at the risk of "dilution" of immigrants in the name of common democratic treatment. Thus, it is a challenge for health workers to encounter different cultures, accentuated in the case of the immigrant user, valuing their beliefs and ways of life, without imposing the dominant culture power, without seeing it as "exotic" or inferior.

According to Ponte Filho, et al. (2018), African students, when arriving in Brazil, face daily challenges, particularly economic survival difficulties, considering the high cost of living in this metropolis, in relation to their financial possibilities, as well as lack of knowledge of the population about the history and culture of the black population from Africa, generating prejudice and discrimination.

The organization of the work process should be able to promote multicultural encounters health producers between workers and users. An overworked service is not able to make progress without a policy of support and joint work (Challinor, 2012).

In relation to the PSAC community, we believe that speaking Portuguese can help at first, but we realize from the earliest auscultation that it is not true. Many of these immigrants, especially those from Guinea-Bissau and Timor-Leste, say they do not understand them, and they have many linguistic obstacles with the native people. The social determinants of the use of health services can be described as those factors related to: health need; demographic characteristics; availability of health professionals; characteristics of the organization of health services; and the financing mechanism; lower access and consequent lower utilization of health services in rural populations, because in addition to the lower availability of services, great distances to be covered, transportation difficulties and low income are factors that, together, reduce the use of health services in these environments, besides the lack of reception in the services (Moreira, Moraes, & Luiz, 2011), 2011; Caldas, & Santos, 2017).

Final considerations

From the analysis of the results, we consider that African immigrant students faced difficulties in the adaptive migratory process mediated by cultural difference, discrimination, racism and purchasing power short of local offerings related to meeting their basic needs.

The migratory phenomenon presents a growing feminization, in which we observe in this study, some students in an adaptive process are already entering the maternity, which in itself, sends a series of changes in their lives that count for their survival the financial aid granted by the Federal Government. Under this condition, they may become fragile and exposed to biological and psychosocial risks. It is generally seen that the immigrant transports diverse impregnated and multifaceted epidemiological profiles through their diverse cultural beliefs and practices, which includes the involvement of the binomial health and disease.

The limitations of the study were limited to the students' refusal to record the interviews, and the difficulty in approaching them, as well as interviewing them due to the limited time available to them. For these students spent their time between classes at IHE, household chores, and others in caring for their child. Possibly, another difficulty in approaching these students is related to the fact that they feel discriminated, victims of racism by the natives (according to reports), aspects that have influenced the approach with the researcher.

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Author contributions

Liberato Filho, G. F. P. participated in the study design, literature review and statistical analysis of research data, interpretation and discussion of the results and writing of the scientific article. Santos, Z. M. A. S. participated in the study design, literature review, statistical analysis of the data of the research, interpretation and discussion of the results and writing of the scientific article. Caldas, J. M. P. participated in the study design and writing of the scientific article. Jardim, M. H. A. G. participated in the writing and supervision of the Capelo, M. R. T. F. participated in the writing of the scientific article. Santos, P. D. S. participated in the writing and referral of the scientific article.

Competing interests

No financial, legal or political competing interests with third parties (government, commercial, private foundation, etc.) were disclosed for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.).

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