

Cultural practices of health care and illness of elderly people descendants of Ukrainians

Práticas culturais de cuidados à saúde e doença de idosos descendentes de ucranianos

Prácticas culturales del cuidado de la salud y enfermedad de ancianos descendientes de ucranianos

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ABSTRACT

Objective: To interpret the cultural practices of health care and illness of elderly people descendants of Ukrainians.

Method: Qualitative research developed with two family general informants and 22 elderly key informants, from August 2017 to March 2020, in a rural community, analyzed through domains, taxonomies and cultural theme. The cultural theme is based on the Theory of Culture Care Diversity and Universality.

Results: Four cultural domains and taxonomies and a cultural theme emerged. In the cultural theme, the term “purity” represents the practices that can be maintained by the elderly, family and community. The term “hidden face of danger” are practices that require negotiations and restructuring, however, they occupy a valuable space for cultural preservation.

Final considerations: The cultural practices of health care and illness of the elderly were shaped both by the culture of Ukrainian origin, as well as by the culture of their current belonging, the Brazilian one.

Keywords: Culture. Health of the elderly. Ethnic groups.

RESUMO

Objetivo: Interpretar as práticas culturais de cuidados à saúde e doença dos idosos descendentes de ucranianos.

Método: Pesquisa qualitativa desenvolvida com dois familiares informantes-gerais e 22 idosos informantes-chave, no período de agosto de 2017 a março de 2020, em uma comunidade rural, analisadas por meio de domínios, taxonomias e tema cultural. O tema cultural está alicerçado na Teoria da Diversidade e Universalidade do Cuidado Cultural.

Resultados: Emergiram quatro domínios e taxonomias culturais e um tema cultural. No tema cultural, o termo “pureza” representa as práticas que podem ser mantidas pelos idosos, família e comunidade. O termo “face oculta de perigo” são práticas que necessitam de negociações e reestruturações, porém, ocupam um espaço valoroso de preservação cultural.

Considerações finais: As práticas culturais de cuidados à saúde e doença dos idosos foram moldadas tanto pela cultura de origem ucraniana, como também pela cultura de seu pertencimento atual, a brasileira.

Palavras chave: Cultura. Saúde do idoso. Grupos étnicos.

RESUMEN

Objetivo: Interpretar las prácticas culturales del cuidado de la salud y enfermedad de ancianos descendientes de ucranianos.

Método: Investigación cualitativa desarrollada con dos informantes generales familiares y 22 informantes clave ancianos, de agosto de 2017 a marzo de 2020, en una comunidad rural, analizada a través de dominios, taxonomías y temática cultural. El tema cultural se basa en la Teoría de la Diversidad y de la Universalidad del Cuidado Cultural.

Resultados: Surgieron cuatro dominios culturales y taxonomías y un tema cultural. En el tema cultural, el término “pureza” representa las prácticas que pueden mantener los ancianos, la familia y la comunidad. El término “rostro oculto del peligro” son prácticas que necesitan negociación y reestructuración, sin embargo, ocupan un espacio valioso para la preservación cultural.

Consideraciones finales: Las prácticas culturales de atención a la salud y la enfermedad de los ancianos fueron moldeadas tanto por la cultura de origen ucraniano, como por la cultura de su actual pertenencia, la brasileña.

Palabras clave: Cultura. Salud del anciano. Grupos étnicos.

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■ INTRODUCTION

In the globalized world, interaction between cultures is common⁽¹⁾. According to the world report of the International Organization for Migration, affiliated to the United Nations network on Migration⁽²⁾, published in 2020, the total number of people belonging to different ethnicities in the country where they live, including the elderly, reaches 272 million. When considering the world's elderly population, the importance of respecting contexts and the influence of culture for these people is reinforced, in the search for active, healthy and successful aging⁽¹⁾.

A study conducted in a rural area in the northwest of the United States of America (USA) showed that the elderly commonly face disparities in health care and illness, due to geographic isolation, few financial resources, literacy challenges, limited assistance resources and little preservation of cultural aspects⁽³⁾. The components of culture have been shown to be fundamental for the care and well-being of the elderly, in the most diverse countries, especially in rural communities. Culture consists of values, beliefs, norms and lifestyle learned, shared and transmitted, which guide the thoughts, actions, decisions of a group. The respect for people's beliefs and care values points out to directions for dignified and ethical care⁽⁴⁾.

Studies carried out with elderly people in the rural environment show the importance of knowing the dynamics that permeate their daily lives⁽³⁾, thus, ethnographic research in nursing has provided means to bring closer the similarities and variations that occur in the conceptions and expressions used by people to provide care for oneself and for others, where researchers are the main instruments in data collection⁽⁵⁾. The cultural habits of health care for the elderly commonly originate within the family, and may differ from those recommended and guided by professionals in the formal health care system⁽⁶⁾, especially in the rural context⁽⁷⁾.

The health care practices used by lay people are different, built by belonging to a particular culture, with meanings and standards of care transmitted from birth and perpetuated between generations. The globalization of nursing focused on cultural care practices, in all aspects, is an urgent goal, a worldwide need for these professionals, especially those who work with the elderly people. Many nurses are challenged to care for elderly people who belong to different cultures, which have a great diversity of linguistic expressions, plurality of values and beliefs, and different health care and illness⁽⁴⁾.

The understanding of culture-centered health care and its impact on the professional system can encourage a holistic approach to care, and collaborate with more effective and satisfactory care among populations of elderly people who

are culturally diverse and who live in scenarios different from their origin, their ancestry⁽⁸⁾.

Until the current year, no studies were found focusing on elderly people descendants of Ukrainians and their cultural practices of health care and illness, despite the fact that Ukrainians are the third largest immigration stream in Brazil. The majority of the population under study is elderly people descendants of Ukrainians and shows strong preservation of cultural traits. Therefore, the following research question was formulated: how are cultural practices of health care and illness manifested by elderly people descendants of Ukrainians in a rural community? The study aimed to interpret the cultural practices of health care and illness of elderly people descendants of Ukrainians.

■ METHOD

Qualitative research, supported by the methodological framework of Spradley and McCurdy⁽⁹⁾, and the construction of the cultural theme was based on the Theory of the Cultural Care Diversity and Universality (TCCDU), by Madeleine Leininger. The theory offers an expressive look at the nursing care process, as it focuses on people from different cultures, and state that they can provide information and guide professionals on how people want to receive nursing care⁽¹⁰⁾.

The research was carried out with elderly people descendants of Ukrainians, living in a rural community located in the city of São José dos Pinhais, Paraná. The informants were selected according to the following inclusion criteria: having recurrent knowledge of the culture to be studied; being 60 years of age or older; being registered at the Basic Health Unit (BHU) of the investigated rural community; being Ukrainian or descendant of Ukrainians; provide time and willingness for dialogue. Exclusion criteria were: being cognitively incapable of carrying out the interview and maintaining a dialogue, a condition identified by the application of the Mini-Mental State Examination (MMSE), and for the elderly who did not reach a score >18, the family member was invited to participate in the research as a general informant. A total of 24 participants, of these, 22 elderly people as key informants and two family members as general informants.

Two copies of the Free and Informed Consent Form (FICF) were given to the participants, one of them was duly filled, signed, and a copy was returned to the researcher. Anonymity was preserved, therefore, it was adopted as an identification strategy for the speeches of the elderly, the insertion of the letter "E", which corresponds to "elderly", followed by Arabic numerals, according to the sequence of inclusion of the elderly in the study and their age – for example: "Elderly 1, 68 years old"; "elderly 2, 80 years old". For family members,

the coding “family member, elderly 12”, “family member, elderly 21” was used.

The collection and analysis of information took place concomitantly, from August 2017 to March 2020. Ethnographic records were performed by apprehending photographic images, audio recordings and notes. Photographs were recorded, mainly of cultural scenarios, social situations and cultural scenes, as well as actors and daily activities. The audio recordings, in turn, were transcribed immediately after the end of the interview. Finally, the notes were made in a field diary.

Records were used in the form of condensed, expanded, field diary and analytical/interpretive forms, attempting to not summarize or translate what was said by the informants. For that, the transcribed material and the notes in a field diary were presented to the informant so that he/she could read, followed by the question: “Is that what you meant?”.

The interviews started with descriptive questions, supported by a semi-structured script. At the end of each participant observation and interview, the data were immediately analyzed, arising the first cultural domains, through the selection of semantic relationships to connect the terms covered to those included. Subsequently, based on the proposed objective, an in-depth analysis was carried out on the domains with the greatest amount of information and that were most significant in the fieldwork, related to cultural practices of health care and illness of elderly people descendants of Ukrainians.

In the taxonomic analysis, in-depth analyzes of the selected domains were performed, to discover the relationship between popular terms and the internal structure of the domains. Therefore, structural questions were formulated, and, during the participant observations, focused observations were made to test the taxonomies and elucidate new terms.

The cultural theme presented emerged from popular terms and recurrent expressions of elderly people of descendants of Ukrainians and their relatives. In this last stage of the analysis, the cultural theme was based on the TCCDU of Madeleine Leininger⁽¹⁰⁾, which consolidated the interpretation of practices of health care and illness of elderly people descendants of Ukrainians. The study was approved by the Research Ethics Committee of the Health Sciences Sector (*Setor de Ciências da Saúde – CEP/SD*), *Universidade Federal do Paraná* (UFPR) under opinion:2,379,386, CAAE: 69892117,5,0000,0102.

■ RESULTS AND DISCUSSION

In total, there were 22 elderly people and two family members participating in the study, the characteristics of

age, marital status, schooling, place of birth, approximate monthly income and MMSE score are shown in Chart 1.

From the analyses, proposed by the methodological framework, four domains and cultural taxonomies emerged based on three semantic relationships that showed ways, uses, places and types of health and illness care for elderly people descendants of Ukrainians. In this article, the domains and taxonomies will be presented in narrative writing. Next, the cultural theme will be presented, which expressed the recurring principles that connected to the domains and taxonomies and offered a broad view of the cultural practices of health care and illness of elderly people descendants of Ukrainians.

Characteristics	Elderly woman	Elderly man
Age	60 to 92 years	62 to 88
Marital status	7 widowed, 4 married and 4 single	6 married, 2 widowed and 1 single
Schooling	1 to 12 years	4 to 8 years
Monthly Income	From BRL 954.00 to BRL 10,000	From BRL 1,600.00 to BRL 10,000
MMSE	10 to 30 points	10 to 30 points

Chart 1 – Characterization of elderly people descendants of Ukrainians who acted as informants in the study. São José dos Pinhais, Paraná, Brazil, 2021

Source: Research data, 2021

Domain and cultural taxonomy 1 – The pharmacy of the backyard: herbs and medicinal plants used to maintain health and treat/prevent illness

The habit of using herbs is a learned behavior, which has been shared by elderly people descendants of Ukrainians for decades, and manifested in domestic accidents, pain and discomfort. The elderly mentioned the use of herbs, such as the contravenom, the fat leaf, and the mix of herbs.

My “tata (father in Ukrainian)” used to say that the contravenom was a powerful medicine that was not missing in his house. Before, there was nothing nearby to treat any disease, whatever appeared to be bad in health, he had to take a cart and go there in the city. I have two bottles

of contravenom in my house, I take it when I have some discomfort in my stomach, I don't miss it at home. There are a lot of herbs, we don't even know what there is, but it's very powerful for health. (Elderly man 6, 84 years old)

I use the fat leaf, because every little bit I'm hurting myself. When I hurt, our life! It takes a while to heal. These times I had a leg wound that didn't heal, it stayed for a long time. A yellow goo started to come out, I think it was an infection. I put the fat leaf, but our life! It pulled it all out of there, but it healed. Diabetes is like that, it doesn't heal, but the fat leaf helps. The mother said to put the fat leaf on the wound, she says that her baba (grandmother in Ukrainian) who lived there in Ukraine always used it on the wounds that had pus. (Elderly woman 3, 80 years old)

The tata used to take this mix of herbs, and he taught that you have to take it at night. I take it at night, because he taught (the father) that the body is relaxed, the medicine works better that way. The next day, you wake up new. You take it for three months straight, and then you take it again. The smoker has to take it for the rest of his life. (Elderly man 24, 68 years old)

The behavior patterns of the elderly came from cultural rules, knowledge transmitted between generations in the certainty that traditional knowledge remains alive as an instrument of the historical and cultural process of this people. The beliefs, motivations, and dispositions to preserve the practice of using herbs and medicinal plants arise from the knowledge transmitted by the ancestors, which must be perpetuated, because, for the elderly, their predecessors are holders of popular knowledge, both in the way of cultivating the plants, as well as the way to prepare them for use. These are practices that continue to be employed by the elderly to support their health, well-being and to recover from illness.

Although popular knowledge and skills are gaining interest from researchers worldwide, some aspects are not sufficiently explored⁽¹¹⁾. In every culture, care can be understood as an elementary event for the development of humanity, for the maintenance of well-being and for guaranteeing the formation of social and survival bonds. It is a phenomenon characterized by acts and experiences, whose objective is to facilitate the restoration and maintenance of health and the human condition⁽⁷⁾. The use of herbs and medicinal plants is widespread in Brazil, it is a common practice in the popular sector, which encompasses the context of family, social and community care. Practices of care through the use of plants in a situation of suffering reveal feelings of love and happiness, as well as the importance of perpetuating the knowledge taught by the ancestors⁽¹²⁾, and among the elderly people

descendants of Ukrainians it was learned in Brazilian soil, despite to be a practice found in Ukraine.

Domain and cultural taxonomy 2 – Daily habits: ways of taking care of health for elderly people descendants of Ukrainians

Among everyday habits, as a way of taking care of health and illness, the elderly use different types of medication. For them, care needs to be redoubled when aging, and this care is permanently followed by the use of medication.

It's like this, after I got to a certain age, I started to have high blood pressure, I take medicine for that and for the prostate. You see, we work a lot, we concern a lot when we are younger, because we have to wake up early to support the house. Run one way, run the other. After reaching old age, we are like this, with health problems. When I should be calmer, illness come, you must take medicine, at this age, it's hard to find someone who doesn't take one medicine. (Elderly man 1, 68 years old)

There is a lot of stigmas and prejudices related to old age reinforced by the knowledge constituted by the elderly themselves and by society. In this sense, the use of medicines is full of meanings, exerting a great influence on the maintenance of their health and well-being. Elderly people descendants of Ukrainians believe that old age should be followed by the consumption of the most varied types of drugs, since using medicines is an "old man's thing".

On the other hand, eating is configured as an act that promotes "well-being" and "happiness", sensations and feelings that favor this care. The basis of foods prepared by elderly people descendants of Ukrainians is salt and lard. When they sacrifice the pig, they separate the lard to use it in place of the cooking oil, it is also an ingredient that can be eaten with bread and garlic, usually for breakfast or in the afternoon. The elderly understand this practice as food care, beneficial to health.

Oh, I like a little saltier food, when A. (wife) leaves it without salt, I run to the pantry and get the salt, because I don't like tasteless food. My mother, who was one of those very traditional Ukrainians, used salt in her food, I don't abuse it, because I have high blood pressure, but you can't eat tasteless food, Ukrainians like to eat it that way. (Elderly man 1, 68 years old)

Lard is much healthier than oil. Here we use nothing but lard. When we kill the pig, we get lard for about six months.

Depending on the size of the pig, there is no shortage; we leave it in a 10-liter bucket and take the amount for the week in a bowl of margarine. Here at the farm we have this chance to eat everything more naturally. It even helps to control cholesterol, high blood pressure, I don't have any of that, because I take care of myself, because the food is prepared with lard. I avoid using the oil a lot, it is really bad for health. (Elderly woman 10, 72 years old)

Food has great meaning for Ukrainians, whether for the taste and preparation, or for the belief in the divine. They usually feed on blessed foods on Easter Saturday night, after the mass ritual, around midnight and also at breakfast on Easter Sunday. They usually don't waste, because it's a sin, what they don't eat, they offer to domestic animals. Blessed foods are capable of curing any ills, as they represent the materialization of the sacred that passes through commensality⁽¹³⁾. For example, the ingredients placed in Easter baskets are good for health because they become sacred and it is blessed⁽¹⁴⁾.

One of the most important times of the year for us "Ukraines (Ukrainians)" is Easter, we prepare throughout Lent for Easter. Our bodies and souls need to be ready for Jesus' death and resurrection. The foods we put in the basket are sacred: before blessing it is one way, after blessing it is another way – it is a holy, sacred food. From it comes our strength, our health and the cure of any disease that we may have. You can eat a lot, it doesn't hurt; what is blessed in the name of the Father, the Son and the Holy Spirit only brings health and joy to people [...] The food in the basket cannot be thrown away under any circumstances. You should enjoy everything, eat everything. Throwing it away is a sin, wow! Very serious. Pork meat, if leftovers, we feed the dogs, but everything must be used. You cannot throw away what is sacred. (Elderly woman 7, 82 years old)

As for the favorite lifestyle habits revealed by the elderly, there are: drinking coffee, *pinga* (cane liquor), mate tea, homemade beer, smoking straw cigarettes and talking about ancient times. For them, these are practices that help them recall the stories they had with their predecessors and stimulate physical and mental well-being.

There's no danger of me getting out of bed and not having a coffee. Sometimes I don't eat anything, because I'm not hungry, but I drink my coffee, it's a habit I learned from the tata, he liked coffee a lot, sometimes I go back in time remembering that. At tata's house we learned

this way. It's good to wake up, it gives you the mood to do things. It gives me happiness when I wake up and drink a coffee. Coffee is great for my health, it helps not giving illness, and it makes me more willing to do things at home. (Elderly woman 18, 61 years old)

A little pinga is good for the blood, it helps the blood circulate better. The blood must be warm inside the body, if it's a little cold it can cause a disease problem. The pinga helps with that. We've been doing this since ancient times. (Elderly man 24, 68 years old)

I make homemade beer here, at Christmas time I make a lot; I keep it stored, at Easter too, but you can do it all year round, no problem. I don't drink cachaça or any other beer. This is very bad for your health. This one I learned from my mother, it's good for your health, it doesn't have alcohol. What can we do, old people are no longer good for anything, the mate and the big cigarette keep me company, it's good for my health to smoke my little straw cigarette and drink my mate. (Elderly woman 4, 86 years old)

When I meet people from my age, there's no time for us to talk about what's gone. I get to cry with longing. I'm glad to go back in time in my head, it makes me feel good. It's important to maintain our traditions, everything we used to do with those who have already gone. (Elderly man 9, 72 years old)

Knowledge of the factors that influence aging, of practices of health care and illness, and how these elements are manifested in daily life, directly contribute to understanding the quality of life of elderly people living in the countryside. This knowledge can guide the proposition of public and social actions, in several dimensions and services that they share, to minimize risks and weaknesses of the elderly⁽⁴⁾. A study with elderly black people belonging to a *terreiro* community in Brazil revealed the importance of knowledge and practices of the traditions of belonging, in the way of living, and in the form of health production that contributes to the planning and nursing interventions appropriate to the needs of this elderly population⁽¹⁵⁾.

In this cultural domain, the health care practices of the elderly express a plurality of cultural patterns acquired from ancestors, there is also an explicit culture with strong ideas, abstractions and behaviors regarding health-disease that are the result of the assimilation of cultural traits, borrowed from the contact with Brazilian culture, particularly the regional, through the miscegenation of the first Ukrainian immigrants with the Indians, also with the gaucho habits, due to their geographical proximity.

Domain and cultural taxonomy 3 – Religious itinerary from home to church: religious rituals and practices as ways of maintaining and asking for health, protection, and healing in situations of illness/disease for elderly people descendants of Ukrainians

Religion is intrinsically related to the most visceral needs of elderly people descendants of Ukrainians. They express with great intensity the need for attachment to the sacred, such as the prayers of rosaries, which, according to them, “weaken all evil”. Rituals/rites make it possible to interpret the mysteries of faith and attract health protection. The symbolic element is always present in the field of the sacred, which expresses the values and teachings of religion, in addition to create a feeling of approaching and protecting the elderly with God.

We feel when there is something in the air that could be harming our health. Diseases do not always come from things here in this world, they can come from other places that we cannot know. The prayer of the rosary breaks all the evil that comes. That's all we can do. There are curses, bad things that cause illness; how many people that I know that got a little crazy in the head because they received some evil. The prayer of the Holy Rosary, when we pray at night, is very powerful, it leaves our body closed to evil. The prayer of the rosary is my protection. (Elderly man 19, 88 years old)

Religious syncretism is observed in the religious practices of the elderly, who venerate certain objects, which in their view are essential for maintaining health, as they connect them to the “deceased” Ukrainians in the family, who help “illness to disappear” and to leave the body closed to the disturbances that cause harm to health. Ukrainians believe that the deceased can contribute to health protection.

When I need something for my health, I go to my holy paintings and I pray looking at it, I pray for the protection of the [deceased family members] who are gone and who help from there and when I see it, I'm already better. I feel a lot of pain in my leg. I have so many health problems – sometimes I can't even walk, how many times has the pain gone after praying! They are blessings that come from heaven, for our health, and those who die also help us to leave the body closed to the disturbances that are bad for our health. (Elderly woman 3, 80 years old)

The elderly people usually attend Mass and are regulars at the Ukrainian rite church, where people belonging to other

ethnicities also attend, pray fervently, take the Eucharist, which represents a sacred symbol for them as Christians. The Eucharist is the “living Christ”, who manifests himself as “powerful for the health of those who believe”, “strengthens the body and soul when you are sick”; considered a “medicine”.

“Mathe boje (mother of heaven)”, when I go to mass, Christ and I we are one. All the pain, the bad things go away, because He has the power to heal everything, to feed our body and our soul, which is in joy. Communion is my medicine, I need it to feel good. Every time I wasn't in good health, I would just come to mass, and everything would go away. But you need to have faith, if you don't have faith, you don't heal. But this is what all Ukrainians have, faith that saves, we are a suffering people, faith keeps us on our feet. (Elderly woman 13, 92 years old)

Praying is a considerable part of the culture of belonging for the elderly in this community. Religious rituals performed at home talk about life and family organization, represent the essentially peasant and traditional worldview of the community, which considers it important to “maintain its roots”, part of the arrangements for living, feeling, and acting, taught by the ancestors, and maintained as a cultural heritage.

It's like this in the farm. I see more in Ukrainian families this gathering to pray at home. They are prayers that are good for our body and soul, give health and protection, serve as a medicine, it is even better than medicine. Mama who, even more forgotten in her head, did not fail to participate in prayers. This came from back then and we keep it to this day. We live like this here, with faith in God and feel that He leads our lives so that we always do the best for our health and to protect us from danger. (Elderly man 24, 68 years old)

The elderly follow a religious itinerary, with practices conducted in their homes and also in the church, which help both to ask for protection and maintain health and to preserve traditions. These mores are manifested in family prayers, participation in church parties, veneration of religious objects and blessings. These are traditional elements that confirm its importance for the elderly, who are the mediators between the profane and sacred world and guardians of the culture of their ancestors.

Studies about religion make it possible to reflect on the influence of cultural beliefs and practices in the incorporation of certain habits into people's lives and the cure of diseases through divine action⁽¹⁶⁾. There has been frequent intensification of the search for integrative treatments such

as religious practices, which have been shown to be effective in health⁽¹⁷⁾. There is a vast diversity of practices and beliefs within religions distributed in time and space⁽⁸⁾. The Ukrainians came to the country motivated by the search for better living conditions, however, they faced many challenges, among them the deprivation of religious assistance, as there were no dominant priests in the language for the celebration of the ceremonies.

Religion represents ethnic identity, since Ukrainians have been carrying religious practices since the time of immigration to care for health, resolve their illnesses, in addition to asking for health and protection, within the rural community.

Domain and cultural taxonomy 4 – Health itinerary and cultural practices: health care and illness of elderly people descendants of Ukrainians

The elderly people descendants of Ukrainians go through several paths to face illness, especially long-term ones. They recognize that the search for the “center” and other health institutions is a type of care for health and illness. In a survey carried out at the community’s BHU, the high distribution of Chronic Non-Communicable Diseases (NCDs) was found to affect 83% of the population of the Colony. Among the NCDs, predominate systemic arterial hypertension and type II diabetes mellitus, also a mood disorder, such as depression.

I use insulin, my granddaughter comes here to apply it to me. Every little bit I feel like the diabetes gets high, because I feel bad, my eyesight gets weird, you can know it's the diabetes that's like that. I ask my granddaughter to take me to the health center there. They make a hole in the finger, if it's high, I'll stay there, it's for the SUS so you don't have to pay. When I'm not in good health, I go to the health center, but there's not always a doctor, or people to attend, this is bad, harms our health. (Elderly woman 3, 80 years old)

Chronic illness are afflictions that have no cure but can be controlled today due to advances in biotechnology and medicine. Long-term disease, when established in the elderly, generates quite different behaviors and search trajectories for treatment. The model intended to guide health care, particularly for the elderly with a chronic condition, requires a qualified and prepared team to care for^(18,19).

Most of elderly people descendants of Ukrainians resort to the Basic Health Unit in the region when they need professional care. In Ukraine, the life expectancy of the elderly is lower, due to economic aspects⁽²⁰⁾. In the community

under study, when the search for a professional model of health care proves to be ineffective, the elderly make their decisions based on values from their family culture and from other members of the Ukrainian community, which have been passed on orally for generations. Some elderly people often turn to Ukrainian healers, faith healers and priests in an attempt to cure some kind of pain or health problem.

When we go to the healer, or to the healer who has here close to home, he only asks what the problem is. He takes the lit holy candle, a glass of water and puts that holy candle with the glass over our heads and with that candle he takes a paper and rolls up this little paper for us to bring home and to burn, as if you had burned your health problem. When we see that doctors can't do anything anymore, because the problem is there and it doesn't solve anything, it's just a person with such divine power to help. (Elderly woman 18, 61 years old)

What's the point of going to the doctor if they don't even look at us properly? I prefer to ask for the blessing of a Ukrainian priest, who is quite powerful, because I'm sure it will be better than going to the doctor and stand there waiting for their goodwill. And another, there are things that doctors can't cure. If it is a disorder that is giving disease, they can't cure it. Just a really good priest. (Elderly man 19, 88 years old)

Cultural belonging and the experience of resorting to the biomedical model and not having its needs met are factors that influence moving through other pathways of care. There is an ambivalence in relation to health and the modernity imposed by institutions, distancing health professionals from users. The elderly people seek in the professional health system an active listening, receptivity, and a closer relationship, which sometimes does not occur. When they do not find receptivity to attentive listening, they build their own pathways to face the problems caused by the disease(s), especially faith healers⁽¹⁹⁾.

A study carried out in Portugal with Ukrainian immigrants reveals that the elderly seek the professional system when popular practices are ineffective. However, they find difficulties in the health services, such as the lack of articulation between the services, and the inability of health professionals to provide care consistent with their culture. These are factors that condition distancing from the formal health system and to remain firm in their own paths of care⁽²⁰⁾.

The spells at home (magic) are frequent practices among the elderly since they do not need medication to cure any type of pain or discomfort. Many of these spells were taught by their ancestors and are considered effective and easy to

perform. Some take herbs, such as boldo (to relieve or stop headaches), others, hot coals in a glass of water (for other symptoms). For the elderly in the rural community, the custom of spells has always worked because it has tradition. They believe that the practice of spells helps them in all kinds of discomfort, additionally, it is a way of perpetuating the learning received from the ancestors.

One day I had a headache that didn't go away. I laid in the dark, nothing. I took a boldo leaf and some warm water. I left it outside, under the sun. It stayed there for a few hours. Then I took that water again and washed my head, just with that water. Wow, that refreshed me. I threw the boldo leaves outside, on the grass. It says that nature takes away that pain. It got better. That's what my father taught me. (Elderly man 17, 62 years old)

A substance very consumed by elderly people descendants of Ukrainians is "creolin", a teaching that has passed through generations, used to relieve "stomach discomfort", "nausea" and to "clean the blood", as well as the cane liquor with sugar.

Father always used creolin. Since I was a child, I saw him use it and we thought the smell was strange. That was my father, who passed it on to me, and to this day I use it. That's why father was healthy, he didn't get sick. He actually died from a medical error, but if not for that, he would still be alive today, because creolin gave him health. (Elderly man 1, 67 years old)

When I have a stomachache, bloating, something bad, I drink pinga with sugar, but it has to be very sugary to take effect, two fingers of pinga and lots of sugar. Who taught me was there from ancient times. This is good for preventing disease as well. They say that the people who came from Ukraine used to drink a lot of pinga because of the cold, it's cold there, right, but they took it to avoid catching a cold, because the heat of the pinga heats everything up inside, and I have this habit. For you to see, I don't get a disease, a cold I don't know when I got it. (Elderly 6, 84 years old)

The elderly people usually resort to an itinerary of practices of health care and illness, which is guided by health professionals, lay professionals, healers, Ukrainian priests, family members, neighbors, and community, assimilated after immigrants settled in Brazil. The elderly may have a positive self-perception of aging despite having multiple health problems⁽³⁾. However, they express dissatisfaction with the attention received from health professionals, which

leads them to follow alternative paths for care. The popular practices of prevention and cure of the diseases of the elderly help them to preserve the traditions of their ancestors, who manifest expressive Christian religiosity and also an intense religious syncretism, as they move between religious and magical faith.

Among these pathways are the practices of blessing, which constitute a relationship between the supernatural and folk medicine. Historically constructed, it was established and reproduced over time through orality, it encompasses elements and cultural resources of the people who practice it. In their culture, in the act of blessing, the body is not separated from the spirit, therefore, physical illness are treated as spiritual evils⁽¹⁹⁾.

Care is elementary for the development of humanity, for the maintenance of well-being and for guaranteeing the formation of social and survival bonds⁽¹⁰⁾. Religious, philosophical factors, cultural values and ways of life are an important part of cultural care, since it is built from the individual's worldview in their social and cultural experiences, which significantly influences care patterns and the expressions of health and well-being⁽⁷⁾. The Emic care practices, that is, from the perspective of the elderly, can represent a danger to health. The effectiveness of cultural care requires health professionals to pay close attention to practices considered dangerous. They demand negotiation and repatterning of health and life habits, which involve predicting, explaining and adapting satisfactory and beneficial care⁽¹⁰⁾.

Cultural Theme – Magical-Religious Manifestations: from purity to the hidden face of danger of health care and illness of elderly people descendants of Ukrainians

The Sunrise Model proposed by Leininger⁽¹⁰⁾ presents basic components that symbolize, through the sunrise, the ways of discovering care based on the understanding of the world view, social structures and variable factors. The structure of the sunrise model was adapted to illustrate the recurring themes that emerged from the analyses and that provided the construction of the cultural theme (Figure 1).

The traditions of the elderly people descendants of Ukrainians can be considered as cultural traits that reflect the kind of creation they have received, based on values and beliefs inherited from their ancestors, who lived their entire lives in rural realities. Among the countless traditions, one of the most expressive stands out: the magical-religious manifestations, which are closely related to practices of health care and illness. The magical spirit externalizes the awareness of the condition of farmers living in rural scenarios.



Figure 1 – Representation of the cultural theme based on Leininger's Sunrise model. São José dos Pinhais, Paraná, Brazil, 2021
Source: Adapted from Leininger, 2006.

The magical-religious manifestations simultaneously express a representative cultural care, since an intervention of magical healing and divine powers present in the lives of these elderly people is observed. They consider it natural to expect that the magical-religious beliefs and practices inherited from their ancestors will benefit them in their health, as well as help them maintain their well-being and cure illnesses.

The term purity expresses the actions and decisions employed by the elderly, family, and community for the benefit of health and well-being or to recover from illness. These are practices that do not bring to harm health and can be maintained, following Leininger's guideline⁽¹⁰⁾. However, there is a fine line between practices that can be maintained and those that must be negotiated/restructured, symbolically represented by the term danger. Some are veiled by a hidden face and may represent some risk to health and maintenance of well-being, but they occupy a valuable space in the field of cultural preservation.

For Leininger⁽¹⁰⁾, not always care practices from the perspective that they experience can be maintained by nursing professionals, since they can represent a danger to health. You need to examine them carefully. In this situation, the theorist recommends actions of negotiation and/or the repatting of cultural care. For the elderly, the belief that it is necessary to perpetuate the teachings of their ancestors, such as the use of toxic substances such as creolin, the consumption of distilled beverages, smoking, the intake of fatty and salty foods (characteristic of Slavic foods), makes them interpret such practices as valuable care for health and illness.

However, this belief reveals a hidden face of danger, since some elderly people in the colony have significant changes in cholesterol levels (LDL) or have cardiovascular and endocrine diseases, practices that can be negotiated and/or repatterned. They are beliefs culturally constructed over years, which shaped the lifestyle and worldview of the elderly, so that popular knowledge and skills were culturally learned and transmitted. In order to implement cultural care, it is necessary to pay attention to care practices considered dangerous to health, to define the best way of negotiating and repatting the health and life habits of the elderly.

Popular knowledge and skills were culturally learned and transmitted. Therefore, the elderly often turn to popular healing professionals, such as faith healers, healers, prayers, and reverence for deceased ancestors, to try to remedy their health problems. This field of healing practices proves to be particularly enigmatic and attractive. These are practices based on the magical-religious spirit, fundamental in the lives of the elderly, because the spirit is attributed the power of healing and protection, which in turn, are practices that do not represent danger, can and should be maintained.

The demand for frequent and widespread actions of prayers, rituals of ancestor worship and the search for popular practices has become a fundamental part of the culture of care for the elderly, interpreted as ways of keeping the body "closed" to illness and disorders. The elderly believe that the body is an open system, which makes them vulnerable to different types of attacks that cause diseases, arising from different constitutive dimensions, whether physical, biological, or cultural. Prayers, veneration and actions of healers,

priests and faith healers have the power to “close the body”, a power that comes from God. They are practices that belong to the purity of faith, leading to the relief of pain, discomfort, and illness.

The search for healers, faith healers and Ukrainian priests represent a set of knowledge resulting from not only ethnic but also cultural miscegenation, supported by healing rituals. The importance of faith of these people, not recognized by the biomedical model, was constantly explained in the elderly’s statements. Faith grounds the strength and power of belief in magical practices within the healing process. In addition, it is in “people with non-legalized healing” that the elderly find active listening and welcoming care, which sometimes distances the elderly from the professional system, whether in the community’s BHU or in other formal healing institutions, for not meeting their needs.

The approach to cultural care in nursing requires looking at the cultural scope of the person, which favors improvement in the way of care, as it privileges different ways of thinking and knowledge and the different health practices of the person being cared for. The diversity of a culture inspires effective professional care actions. The coexistence of nurses in people’s living environment and participant observation are fundamental for the development of this understanding⁽⁷⁾.

■ FINAL CONSIDERATIONS

The practices of health care and illness of elderly people descendants of Ukrainians did not manifest something very specific from the Ukrainian migratory waves to this region, however, the details of the study can make all the difference to the body of Nursing professionals who care for people in similar contexts. The elderly cling to a non-biomedical understanding of health/illness, not because they are insensitive and incapable of understanding what this model proposes, but because they assume other ways of explaining the world and take care of themselves.

The contributions to nursing care aim to provide guiding principles for the design of practices that can support, assist, or enable the elderly to adopt behaviors that demonstrate or anticipate their needs. The innovative character of the research lies in the pioneering nature of the theme, the information derived from this study may serve as tools to guide actions, decisions and innovate the construction of meaningful care for elderly people descendants of Ukrainians.

Studies based on TCCDU reinforce the importance of taking culture as central and not as an exogenous or detached element, drives the look at the existing health disparities between different ethnicities, thus, in practice, it can

provide improvement in the results of care guidelines. It is pointed out as a limitation of the study, the conduction of the research restricted to the elderly and family members, it is recommended to conduct studies that also involve nursing professionals as key informants in the process of cultural investigation.

■ REFERENCES

1. Fox M, Thayer Z, Wadhwa PD. Assessment of acculturation in minority health research. *Soc Sci Med*. 2017;176:123-32. doi: <http://doi.org/10.1016/j.socscimed.2017.01.029>
2. International Organization for Migration. World migration Report 2020 [Internet]. Geneva: IOM; 2020 [cited 2019 Nov 14]. Available from: https://publications.iom.int/system/files/pdf/wmr_2020.pdf
3. Mize D, Rose T. The meaning of health and health care for rural-dwelling adults age 75 and older in the Northwestern United States. *J Gerontol Nurs*. 2019;45(6):23-31. doi: <http://doi.org/10.3928/00989134-20190509-03>
4. Leininger MM, McFarland MR. Culture care diversity and universality: a worldwide nursing theory. 2. ed. Massachusetts: Jones & Bartlett Publishers; 2005.
5. Belém JM, Pereira EV, Rebouças VCF, Borges JWP, Pinheiro AKB, Quirino GS. Theoretical, methodological and analytical aspects of ethnographic research in obstetric nursing: an integrative review. *Rev Esc Enferm USP*. 2020;54:e03547. doi: <http://doi.org/10.1590/S1980-220X2018034203547>
6. Couto AM, Caldas CP, Castro EAB. Family caregiver of older adults and cultural care in nursing care. *Rev Bras Enferm*. 2018;71(3):959-66. doi: <http://doi.org/10.1590/0034-7167-2017-0105>
7. Garbaccio JL, Tonaco LAB, Estêvão WG, Barcelos BJ. Aging and quality of life of elderly people in rural areas. *Rev Bras Enferm*. 2018;71(Suppl 2):724-32. doi: <https://doi.org/10.1590/0034-7167-2017-0149>
8. Sivertsen N, Harrington A, Hamiduzzaman M. Exploring Aboriginal aged care residents’ cultural and spiritual needs in South Australia. *BMC Health Serv Res*. 2019;19(1):477. doi: <http://doi.org/10.1186/s12913-019-4322-8>
9. Spradley JP, McCurdy DW. The cultural experience: ethnography in complex society. Chicago: Science Research Associates Inc. 1972.
10. Leininger MM. Leininger’s theory of nursing: cultural care diversity and universality. *Nur Sci Q*. 1988;1(4):152-60. doi: <https://doi.org/10.1177/089431848800100408>
11. Misawa J, Ichikawa R, Shibuya A, Maeda Y, Arai I, Hishiki T, et al. The impact of uncertainty in society on the use of traditional, complementary and alternative medicine: a comparative study on visits to alternative/traditional/folk health care practitioners. *BMC Complement Altern Med*. 2019;19(1):251. doi: <http://doi.org/10.1186/s12906-019-2662-x>
12. Badke MR, Barbieri RL, Ribeiro MV, Ceolin T, Martínez-Hernández À, Alvim NAT. Meanings of the use of medicinal plants in self-care practices. *Rev Esc Enferm USP*. 2019;53:e03526. doi: <http://doi.org/10.1590/S1980-220X2018047903526>
13. Dawsey JC, Müller JP, Hikiji RSG, Monteiro MFM; Universidade de São Paulo. Antropologia e performance: ensaios na pedra. São Paulo: Terceiro Nome, 2013.
14. Costenaro ECL. Práticas culinárias entre descendentes de ucranianos em Prudentópolis (PR). *Rev Tempo Espaço Ling*. 2013 [cited 2019 Nov 14];4(3):37-47. Available from: <https://silo.tips/download/v-n-set-dez-5#:~:text=As%20pr%C3%A1ticas%20culin%C3%A1rias%20ligadas%20ao,P%C3%A1scoa%20destacam%20%20se%20as%20Paskas.&text=A%20confec%C3%A7%C3%A3o%20desse%20p%C3%A3o%20era,se%20diferenciando%20de%20das%20demais>

15. Farias KP, Crossetti MGO, Góes MGO, Portella VC. Health practices: the view of the black elderly population in a terreiro community. *Rev Bras Enferm.* 2016;69(4):590-7. doi: <http://doi.org/10.1590/0034-7167.2016690403i>
16. Milli CR. A antropologia e o estudo dos símbolos em rituais e religião: um percurso teórico. In: Seminário de Ciências Sociais II. Anais do Seminário de Ciências Sociais PGCS-UFES – Vol. 2; 12-14 de setembro de 2017; Vitória, ES. Vitória: UFES; 2017. p. 1-16. Available from: <https://periodicos.ufes.br/scs/article/view/18409/12365>
17. Peprah P, Gyasi RM, Adjei PO, Agyemang-Duah W, Abalo EM, Kotei JNA. Religion and health: exploration of attitudes and health perceptions of faith healing users in urban Ghana. *BMC Public Health.* 2018;18(1):1358. doi: <https://doi.org/10.1186/s12889-018-6277-9>
18. Fleischer S. "Pressure problems" in Guariroba/Brazil: an anthropological approach to chronic cardiovascular diseases. *Ciênc Saúde Colet.* 2019;24(7):2617-26. doi: <https://doi.org/10.1590/1413-81232018247.15802017>
19. Nymberg VM, Bolmsjö BB, Wolff M, Calling S, Gerward S, Sandberg M. 'Having to learn this so late in our lives. . .' Swedish elderly patients' beliefs, experiences, attitudes and expectations of e-health in primary health care. *Scand J Prim Health Care.* 2019;37(1):41-52. doi: <https://doi.org/10.1080/02813432.2019.1570612>
20. Brito D, Belkis M, Vilela I, Vilela N, Brito A. Obstáculos no acesso à saúde pelos imigrantes: análise de gênero. *RIIS.* 2019;1(1):67-73. doi: <https://doi.org/10.37914/riis.v1i1.31>

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