

Nutritional Care of Indigenous Children: Challenges for the Implementation of a Comprehensive Care Line

Cuidados Nutricionais de Crianças Indígenas: Desafios para a Implementação de uma Linha de Cuidado Integral
Cuidados Nutricionales de Niños Indígenas: Desafíos para la Implementación de una Línea de Atención Integral

RESUMO

Objetivo: Relatar os desafios para a implementação da linha de cuidado de distúrbios nutricionais em crianças indígenas em Manaus (AM). **Método:** Relato de experiência a partir das aulas práticas em Saúde Coletiva.

Resultados: Identificaram-se desafios como escassez de profissionais, acesso a transporte limitado e falhas nos sistemas de informação. As práticas tradicionais foram valorizadas e os Agentes Indígenas de Saúde mostraram-se fundamentais no processo de identificação das etnias em contexto urbano. **Conclusão:** A efetivação da linha de cuidado exige políticas intersetoriais, infraestrutura, competência cultural e articulação entre os níveis de atenção, com abordagem territorializada e contínua.

DESCRIPTORES: Saúde indígena; Transtornos nutricionais; Criança; Atenção primária à saúde; Serviços de saúde; Desnutrição infantil; Diagnóstico precoce; Política de saúde.

ABSTRACT

Objective: To report the challenges in implementing the care pathway for nutritional disorders among Indigenous children in Manaus (Amazonas, Brazil). **Method:** Experience report based on practical activities conducted within the Collective Health course. **Results:** Challenges were identified, such as a shortage of professionals, limited access to transportation, and failures in information systems. Traditional practices were valued, and Indigenous Health Agents proved to be essential in the process of identifying ethnic groups in urban contexts. **Conclusion:** The effective implementation of the care line requires intersectoral policies, infrastructure, cultural competence, and coordination across levels of care, with a territorialized and continuous approach.

DESCRIPTORS: Indigenous health; Nutrition disorders; Child; Primary health care; Health services; Child malnutrition; Early diagnosis; Health policy.

RESUMEN

Objetivo: Informar sobre los desafíos en la implementación de la línea de cuidado para los trastornos nutricionales en niños indígenas en Manaus (AM). **Método:** Informe de experiencia basado en las actividades prácticas de la asignatura de Salud Colectiva. **Resultados:** Se identificaron desafíos como la escasez de profesionales, el acceso limitado al transporte y fallas en los sistemas de información. Las prácticas tradicionales fueron valorizadas, y los Agentes Indígenas de Salud demostraron ser fundamentales en el proceso de identificación de las etnias en contextos urbanos. **Conclusión:** La implementación efectiva de la línea de cuidado requiere políticas intersectoriales, infraestructura, competencia cultural y articulación entre los niveles de atención, con un enfoque territorializado y continuo.

DESCRIPTORES: Salud indígena; Trastornos nutricionales; Niño; Atención primaria de salud; Servicios de salud; Desnutrición infantil; Diagnóstico precoz; Política de salud.

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INTRODUCTION

Nutritional disorders, such as malnutrition and overweight, affect children's growth, cognitive development, and quality of life, posing persistent challenges to public health in Brazil ⁽¹⁾. In indigenous populations, these problems are exacerbated by factors such as social exclusion, cultural changes, and limited access to health care. The replacement of traditional practices with processed foods contributes to the double burden of malnutrition: deficiencies and obesity coexist ⁽²⁻³⁾.

Studies point to higher rates of chronic malnutrition and anemia among indigenous children, especially in isolated or vulnerable urban communities, aggravated by food insecurity and poor access to fresh food ⁽⁴⁻⁵⁾. In Manaus, the reality includes a lack of sanitation, culturally appropriate health services, and healthy food, making it difficult to provide nutritional care for children ⁽⁶⁾.

This study aims to analyze the main challenges in structuring a comprehensive care system for indigenous children with nutritional disorders in Manaus, highlighting the need for public policies that are sensitive to sociocultural and territorial diversity.

METHOD

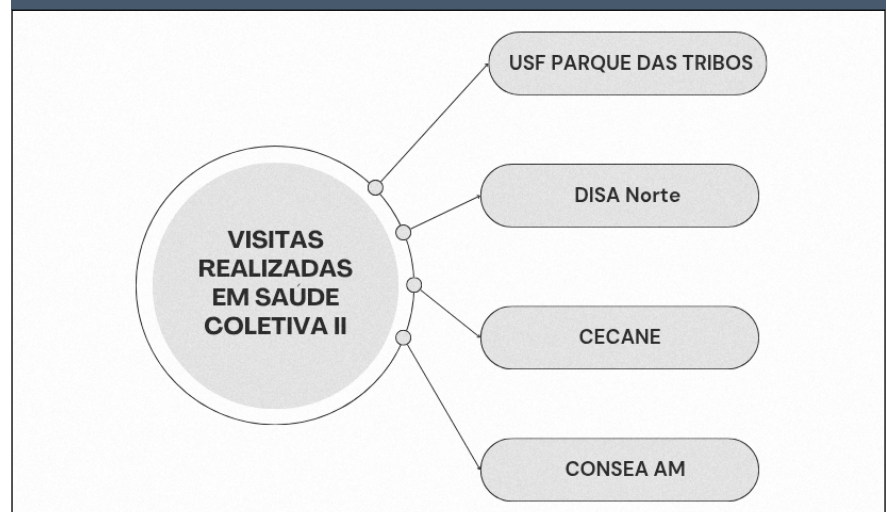
Report on academic experience in the Public Health II course at the Faculty of Medicine of the Federal University of Amazonas.

The methodology consisted of a script of previously prepared questions. The practice took place at the Family Health Unit (USF) of Parque das Tribos, in the Northern Health District (DISA) Norte, at the Collaborating Center for School

Food and Nutrition (CECANE/UFAM) and at the Food and Nutrition Security Council (CONSEA), through roundtable discussions with health professionals, managers, and other actors (Figure 1). The questions addressed nutritional problems, cultural barriers, public policy difficulties, family adherence, and suggestions for improvement.

The analysis sought to critically understand the challenges of nutritional care for indigenous children in Manaus.

Figure 1: Visits made by the group.



Source: Own work, 2025.

RESULTS

The visit to the Parque das Tribos Family Health Unit in Manaus revealed the challenges of providing nutritional care to urban indigenous families. The Level IV Basic Health Unit (UBS) serves approximately 700 families from 35 ethnic groups, with two Family Health Teams (ESF), one Oral Health Team (ESB), and support from a multidisciplinary team (e-multi). The territory has vulnerabilities such as a lack of sanitation, drinking water, and an insufficient number of professionals. Even without a specific team for indigenous people, culturally sensitive care is sought through listening and bonding with leaders. There is resistance to acceptance, especially in the registration of indigenous families in the National Regulation System (SISREG). Surveillance actions include visits and educational activities, but there are difficulties in accessing exams, specialists, and transportation.

In DISA Norte, with more than 4,000 indigenous people in 30 communities, Indigenous Health Agents (AIS) are fundamental in mapping and coordinating with the UBSs. The ESFs work with Primary Care Teams (EAPs) integrating the AIS, but face food insecurity, low adherence to services, and loss of traditional practices, replaced by processed foods. There is a shortage of professionals, especially in dentistry, Community Health Agents, and administrative support. The Electronic Citizen Record (PEC) does not allow data export. This restriction compromises integration with other health information systems, such as the Primary Care Health Information System (SISAB), the Food and Nutrition Surveillance System (SISVAN), and other public health surveillance and planning systems, hindering management and planning.

Specific actions include mobile health services and child nutritional

monitoring, but the model is fragmented, with low continuity of care and few resources.

At CECANE/UFAM, the difficulty of ensuring school food security due to logistics, transportation, and food preservation was discussed. The importance of meeting the PNAE quota of 30% of family farming products was highlighted, valuing traditional habits.

At CONSEA, the impacts of climate change on indigenous food were debated, including the loss of cultural practices, increased consumption of ultra-processed foods, and worsening child malnutrition. The need for integrated and culturally sensitive public policies was defended.

DISCUSSION

The implementation of a line of care for indigenous children with nutritional disorders in Manaus faces structural, institutional, and cultural challenges that limit access and continuity of care^(9,15). During visits to the Parque das Tribos USF and the North Health District, deficiencies were identified, such as poor public service infrastructure, lack of public transportation, overworked teams, and difficulties in intercultural communication. The USF serves about 700 families from more than 35 ethnic groups, with limited testing and difficulties in accessing specialized care. It was observed that, although the USF is classified as size IV, it operated with only two family health teams, instead of the four required for this type. This discrepancy overloads professionals, hindering comprehensive care⁽¹⁰⁾.

Nutritional disorders result from food insecurity, consumption of ultra-processed foods, obesity, and barriers to clinical follow-up. There has been a worsening of food insecurity among urban indigenous peoples, marked by the replacement of traditional foods (such as fish, cassava,

and regional fruits) with industrialized products of low nutritional value^(9,13,15). This change stems from the loss of access to subsistence territories, the lack of culturally sensitive supply policies, and market pressure. This scenario contributes to poor nutrition, leading to nutritional deficiencies and an increase in chronic diseases^(14,16).

The current biomedical model ignores traditional knowledge⁽³⁾, undermining bonds and adherence, contrary to the principles and guidelines of the SUS. Coordination between levels of care is poor, making referrals difficult due to a lack of transportation and trained professionals^(9,15).

Although the National Policy for Indigenous Peoples' Health Care⁽²⁾ advocates intercultural training, its implementation faces difficulties at the local level, often due to structural and institutional gaps. In DISA Norte, an urban area that serves 4,000 indigenous people in 30 communities, there are only four AIS, which is an insufficient number. The restricted use of the PEC indicates the need for continuing education for professionals and dialogue with local management and staff. The **lack of professionals indicates low budgetary prioritization**. The work of the AIS is important but limited by fragile ties and a lack of institutional recognition⁽⁶⁾. The absence of cultural competence training compromises listening and therapeutic bonding. Telehealth⁽⁴⁾ can support professional training and intercultural clinical support, promoting listening and care more appropriate to indigenous realities, but it depends on connectivity, inter-institutional partnerships, and investments.

Professional turnover and fragmentation of systems hinder monitoring and planning. The lack of formalization of indigenous registration in UBS hinders access to programs such as the National School Feeding Program (PNAE) and the Food Acqui-

sition Program (PAA) ^(2,3), increasing food insecurity and other aspects of access to indigenous rights.

In this struggle to guarantee the rights of indigenous peoples, CECANE/UFAM stands out, having promoted food security for over 60 years, valuing family farming and regional food ⁽³⁾. Despite advances, it faces logistical challenges.

CONSEA in Manaus works to formulate and monitor food policies, promoting social participation in the definition of school menus. However, indigenous leaders report difficulties in accessing these services due to a lack of transportation, translators, and infrastructure. Strengthening social control is essential to ensure culturally appropriate public policies ⁽⁷⁾.

In addition, it is urgent to transform the current model, strengthening training, nutritional surveillance,

and coordination between health, education, and social assistance. Valuing indigenous ethnic and cultural diversity is fundamental to guaranteeing the right to food and comprehensive care in childhood. ^(5,6)

CONCLUSION

The analysis of the nutritional care pathway for indigenous children in Manaus reveals institutional advances that contrast with persistent structural inequalities. The Parque das Tribos USF, even with its modern structure and intercultural sensitivity, faces a shortage of ESFs, nutritionists, and adequate technologies, which compromises the effectiveness of care. DISA Norte has even greater limitations, with a lack of professionals, difficulties in using data, and fragmentation of electronic medical records, in

addition to structural challenges. In this scenario, AISs emerge as a fundamental and innovative link between communities and professionals, despite the absence of regulation of the profession and institutional recognition.

Logistical barriers, unsafe travel routes, and seasonal climate patterns compromise continuous access to services. Experiences with CONSEA and CECANE/UFAM highlight the impacts of climate change on food transition and food insecurity. Also noteworthy are actions to encourage family farming, regionalized school feeding, and the appreciation of ancestral food practices. There is an urgent need for intersectoral restructuring that integrates culture, technology, territory, and the environment to ensure equitable nutritional care that is sensitive to the Amazonian context.

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