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COLLECTIVE HEALTH AND TRADITIONAL POPULATIONS: HEALTH CARE FOR ROMA PEOPLES IN BRAZIL

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ABSTRACT

This study analyzes the health care of Roma peoples in Brazil, in the light of public policies and the guidelines of the Unified Health System (SUS), with a focus on the promotion of equity in collective health. Through an integrative literature review, publications between

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2017 and 2025 were selected in the SciELO, LILACS, BVS and PubMed databases, using standardized descriptors. Of the 124 studies initially found, only 8 met the inclusion criteria, revealing a lack of scientific production on the subject. The results show that, despite normative advances such as the creation of the National Health Care Policy for Gypsy People, the implementation of these policies faces obstacles, such as invisibility in information systems, lack of professional training, cultural barriers and institutional resistance. It is concluded that health care for Roma peoples is still limited, requiring intersectoral strategies, training in intercultural health and greater involvement of community leaders to guarantee the right to health in an equitable and culturally sensitive way.

Keywords: Collective Health. Traditional Populations. Gypsy Peoples. Access to Health Services. Health Equity. Health Policy.

INTRODUCTION

Collective health is configured as a multidisciplinary field that integrates knowledge and practices aimed at health promotion, protection and rehabilitation, having as one of its foundations the recognition of the sociocultural particularities of various population groups. In Brazil, this challenge intensifies due to its rich ethnic, cultural and territorial diversity, especially with regard to traditional groups, such as indigenous peoples, quilombolas, riverside dwellers and gypsies. The latter, despite being historically present in the national territory, remain invisible to public policies, lacking specific initiatives that guarantee their rights (Almeida; Barbosa; Pedrosa 2013).

Roma people are a traditional population with characteristic ways of life, which include itinerancy, the appreciation of orality, the extended family and a strong cultural identity. According to information from the Palmares Cultural Foundation and data from the IBGE, it is estimated that there are approximately 500 thousand gypsies in Brazil, belonging to various ethnic groups, such as Kalon, Rom and Sinti. However, the absence of specific data makes it difficult to plan and execute public policies appropriate to these populations (FioCruz, 2019).

In the field of health, Roma face structural and symbolic challenges that restrict access to services and compromise comprehensive and humanized care. Among the main obstacles, the lack of civil documents, the interruption of care due to nomadism, discrimination in health institutions and the lack of knowledge of professionals about their cultural particularities stand out. These factors aggravate health inequalities and perpetuate the historical marginalization of this group (Almeida; Barbosa; Pedrosa 2013).

The promulgation of the Federal Constitution of 1988 and the creation of the Unified Health System (SUS) were significant milestones for the universalization of health in Brazil, by establishing the right to health as an obligation of the State and promoting equity as a principle of public policies. However, the implementation of this principle in daily life still faces challenges, especially in situations of social and cultural vulnerability, such as those involving gypsies (Brasil, 1988; Nascimento, 2025).

To meet the demands of these traditional populations, the Ministry of Health, through the Special Secretariat for Indigenous Health (SESAI) and the General Coordination of Health of the Black Population and Traditional Populations, developed specific guidelines and programs, such as the National Policy for the Integral Health of Populations of the Countryside, Forest and Water (PNSIPCFA), launched in 2013. Although Roma are recognized as beneficiaries of this policy, its application faces obstacles, such as the lack of training of professionals and the scarcity of effective actions in practice (Brasil, 2013).

In addition to the PNSIPCFA, other normative documents also recognize Roma peoples as subjects of rights. The National Plan for the Promotion of Citizenship and Human Rights of Traditional Peoples and Communities, established by Decree No. 6,040/2007, formalizes Roma as traditional communities and highlights the urgency of intersectoral policies that consider their specificities. However, there is a mismatch between normative recognition and the realization of concrete actions (Brasil, 2007).

In recent years, government agencies such as the Ministry of Health and the Ministry of Human Rights have emphasized the need for strategies that promote equity in health. Reports and conferences, such as the National Conference on the Health of the Black Population and Traditional Peoples and Communities, highlight the urgency of training basic health professionals, strengthening social participation, and building policies that respect the nomadic and semi-nomadic ways of life of Roma (De Medeiros; De Lourdes 2018).

The National Primary Care Policy (PNAB) recommends that family health teams work in regions of difficult access and with situations of vulnerability. However, the presence of these teams in the Roma camps is still limited, and few municipalities adopt effective strategies of active search and bonding with this population. The territorialized approach of the Family Health Strategy, although effective in different contexts, proves to be inadequate when applied to nomadic groups (Brasil, 2017; Mangueira, 2023).

Another important point is the lack of visibility of Roma in health information systems. The lack of data segmented by ethnicity and the absence of specific fields in forms make it difficult to monitor indicators and evaluate policies. This gap hinders the planning of actions and the allocation of resources, perpetuating the exclusion of this group in public policies (Nascimento, 2025).

Invisibility is also manifested in the training of health professionals, who are often unaware of cultural practices, traditional knowledge and the specific needs of gypsies. This contributes to the maintenance of stigmas and prejudices, making it difficult to build relationships and provide culturally appropriate care. The scarcity of research on the topic aggravates the lack of knowledge, limiting the development of evidence-based approaches (Brandão, 2018).

Within this perspective, collective health proposes a broader approach that goes beyond the biomedical dimension and integrates social, cultural, and environmental factors. For Roma peoples, this means considering their traditional care practices, strengthening community protagonism, and fostering the intersectoriality of actions. It is necessary to advance in the provision of services, creating policies that dialogue with local realities and respect the autonomy of groups (Almeida; Barbosa; Pedrosa 2013).

Experiences in some Brazilian municipalities demonstrate that it is feasible to promote the inclusion of Roma through intercultural dialogue, community participation and the involvement of local leaders. These initiatives show that health care can be effective when based on attentive listening, respect for diversity and the co-construction of solutions (De Medeiros; De Lourdes 2018). In view of this scenario, it is essential to deepen the analysis of the limits and opportunities of public health policies aimed at Roma peoples, taking into account their sociocultural characteristics and historical barriers to access to services. This reflection can contribute to the improvement of SUS strategies and to the strengthening of an equitable and inclusive approach to public health.

Thus, the present research aims to understand how health care is provided to Roma peoples in Brazil, the public policies in force and the guidelines of government agencies. The objective is to analyze the advances, challenges and perspectives in the care of this traditional population, identifying the factors that limit or enhance the guarantee of the right to health. Therefore, this study seeks to discuss health policies aimed at Roma peoples in Brazil, to question the role of government agencies in combating health inequalities and to suggest possible ways to promote culturally appropriate, effective and inclusive care in the context of collective health.

METHODOLOGY

This study presents an integrative literature review, a method that offers a comprehensive view of the results of scientific investigations on a given subject, allowing the understanding of current knowledge and the identification of gaps to be filled. The review was organized in several stages: definition of the central question, establishment of inclusion and exclusion criteria, selection of information sources, definition of descriptors, data collection and analysis, and, finally, presentation of the results.

The question that guided this review was: "What is the evidence available in the scientific literature on health care for Roma peoples in the context of public health in Brazil?" To answer this question, the following Health Sciences Descriptors (DeCS) were used: "Collective Health", "Traditional Populations", "Gypsy Peoples", "Access to Health Services", "Health Equity" and "Health Policy". These descriptors were combined with the Boolean operator AND to enhance the search more effectively.

The search was carried out in the following electronic databases: *Scientific Electronic Library Online* (SciELO), Latin American and Caribbean Literature on Health Sciences (LILACS), Virtual Health Library (VHL) and PubMed. Studies published between January 2013 and March 2025, which were available in full, in Portuguese, Spanish or English, and which addressed, directly or indirectly, health care aimed at Roma peoples in Brazil were included. Original articles, literature reviews, technical and institutional documents, as well as scientific papers relevant to the topic were considered.

The exclusion criteria included duplicate articles in the databases, studies with an exclusive focus on non-Brazilian legislation, studies without access to the full text, and publications that did not deal with public health or the particularities of Roma peoples. The selection of studies occurred in two stages: first, by reading titles and abstracts; secondly, by the complete reading of the selected texts, according to the established criteria

For data collection, an instrument was created that included variables such as the title of the article, authors, year of publication, database, type of study, objectives, methodology used, main results and conclusions. The data analysis was done in a descriptive way, categorizing the contents into thematic axes that emerged from the discoveries, thus facilitating the understanding and organization of the information.

This review follows the ethical principles of scientific research, as it does not directly involve human subjects, but rather publicly available secondary data. In addition, it seeks to increase methodological rigor in the selection and analysis of sources, aiming to ensure the fidelity and relevance of the findings. Finally, the scarcity of specific publications on the subject in the databases consulted is highlighted as a limitation of this review, which significantly reflects the historical invisibility of Roma peoples in public health policies and in Brazilian scientific production.

RESULTS

The initial phase of the review involved a structured search in the SciELO, LILACS, BVS and PubMed databases, using the descriptors defined in DeCS. By combining the terms "Collective Health", "Traditional Populations", "Gypsy Peoples", "Access to Health Services", "Health Equity" and "Health Policy", 124 studies with potential relevance to the topic in question were initially found.

After the initial screening, duplicate articles were eliminated between the databases, resulting in a total of 102 unique studies. This step was crucial to avoid bias of data repetition and to ensure the originality of the documentary corpus. Next, the titles and abstracts of the 102 studies were carefully analyzed according to the previously established inclusion and exclusion criteria. The objective of this analysis was to verify whether the studies directly addressed the theme of health care aimed at Roma peoples in the context of public health in Brazil.

After an initial screening, duplicate articles were eliminated between the databases, resulting in a total of 102 unique studies. This step was crucial to avoid bias in data reproduction and to ensure the originality of the documentary corpus. Next, the titles and abstracts of the 102 studies were carefully analyzed according to the previously established inclusion and exclusion criteria. The objective of this analysis was to verify whether the studies directly addressed the theme of external health care for Roma peoples in the context of public health in Brazil.

As a result of this screening process, 73 studies were excluded because they did not meet the defined criteria. Most of them did not specifically refer to Roma peoples or address other cultural traditions or international contexts. After this exclusion, 29 studies were considered suitable for full reading. At this stage, the texts were analyzed to verify the presence of methodological elements, objectives and results that were aligned with the central question of the review.

During a total reading, studies that presented methodological inconsistencies, generic approaches, or lack of relevant data for the object of study were discarded. Thus, 21 articles were eliminated at this stage, because they did not fully comply with the established criteria or because they presented superficial data or data of low scientific relevance.

Finally, only 8 studies were selected to compose the final sample of the integrative review, as they established a direct connection with the health of Roma peoples in Brazil, evidencing care practices, access barriers, public policies, social representations and experiences of health professionals. Table 1 summarizes the methodological path of the research below.

Table 1 – Stages of the Selection Process of the Studies Included in the Integrative Review

STAGES OF THE SELECTION PROCESS	NUMBER OF STUDIES
Studies identified in databases	124
Studies after duplicate removal	102
Studies excluded after reading the title and abstract	73
Eligible studies after full reading	29
Studies included in the final review	08

SOURCE: Authors, 2025.

The table presented above summarizes the process of identification, screening, eligibility, and inclusion of studies. It demonstrates the methodological rigor adopted and highlights the need to expand external scientific production on this theme, which is still little explored in the databases consulted.

DISCUSSION

The integrative review made it possible to identify a limited, but representative, set of scientific and institutional studies that deal with health care for Roma peoples in Brazil. The eight studies analyzed reveal fundamental aspects about the vulnerabilities, resistances and failures in public health policies, with special attention to the Unified Health System (SUS). These studies offer significant contributions to the understanding of the social and cultural dynamics that affect the access and continuity of this population in health services.

The study by Souza *et al. (*2022) stands out for presenting a phenomenological approach to the experiences of Roma women of the Calon ethnic group in the Federal District, addressing prenatal, childbirth, and postpartum contexts. Through the collected narratives, a restricted view of the SUS is observed, often perceived only as a "magnetic card". Women are insecure about the institution, in addition to suffering from a lack of reception and linguistic and cultural barriers. This research demonstrates that, in addition to the provision of services, there is a significant gap in communication and recognition of Roma ethnicity by health professionals, which compromises effective access to reproductive rights and obstetric care.

In turn, the research carried out by Cardoso and Bonomo (2019), focused on Calin's childhood in Espírito Santo, reveals that the socialization process of Roma children is closely linked to oral tradition, to the experience of the "Roma law" and to respect for rites of passage. Even in partially integrated communities, the preservation of practices such as the use of traditional clothing, the Caló language, and the division of roles by gender and age remain fundamental elements of identity. This situation challenges the traditional models of child care and health education, requiring strategies that are more sensitive to the social trajectories of these groups.

In the analysis of Vacite *et al*. (2023), the focus falls on the urban Roma population in Rio de Janeiro. This study highlights the effects of institutional invisibility and structural racism as social determinants that hinder access to comprehensive care. In addition, they address extension actions, such as the creation of letters and educational applications, aimed at promoting health and strengthening Roma leaders. This approach is a positive example of articulation between university, community and Roma territory, reinforcing social protagonism and autonomy in the struggle for rights.

The work of Bento and Batista (2018) analyzes the situation of the Calon in the Northeast region, revealing that, despite legal and institutional advances, Roma continue to face persistent problems, such as difficulty in accessing health and education, in addition to the continuity of stigma and discrimination. The study indicates that the performance of public agencies is still timid and that the recognition of rights occurs in a reactive manner, usually driven by local complaints or mobilizations. The lack of long-term structural policies for this group is an alarming fact that reinforces the urgency of specific and continuous guidelines.

The article by Rothenburg and Stroppa (2020) offers a legal-political view by analyzing Bill No. 248/2015, which establishes the Statute of Roma Peoples. The authors discuss the importance of a specific standardization for the visibility and recognition of the cultural particularities of the Roma, including in the health sector. They emphasize that normative invisibility represents a form of symbolic precariousness and that the implementation of effective policies requires attentive listening to Roma leaders and the direct participation of these communities in legislative and administrative processes.

In the document Subsidies for the health care of the gypsy people, the importance of intercultural dialogue to challenge the dominant biomedical model. The study reports that the cultural practices of care for gypsies based on orality, spirituality and autonomy should be recognized as legitimate forms of health production. This perspective broadens the understanding of care and suggests that the SUS needs to include different health rationalities, valuing traditional knowledge in the elaboration and execution of actions (Brasil, 2016)

The Guiding Guide for Comprehensive Health Care for Roma People, published by the Ministry of Health in 2022, serves as a technical-normative document aimed at supporting managers and professionals in intercultural and equitable care. The guide addresses the importance of primary care, active listening and the adaptation of services to the reality of itinerancy and the cultural practices of the Roma people. The publication highlights the strategic role of Family Health Teams and health surveillance as instruments for promoting equity. However, it also warns that training is still insufficient and that few municipalities adopt specific protocols for this population (Brasil, 2022).

Finally, it is important to highlight the institutional framework represented by Ordinance No. 4,384, of December 28, 2018, which modifies Consolidation Ordinance No. 2/GM/MS and establishes the National Policy for Comprehensive Health Care for the Roma People. This policy formalizes the need for intersectoral, culturally adapted and territorially articulated actions, reinforcing the right to health as a universal and inalienable principle. Despite this, the implementation of the ordinance faces operational and budgetary challenges, as well as institutional resistance in relation to ethnic and cultural diversity (Brasil, 2018).

When analyzing the studies, it is clear that, although scientific production on health and Roma peoples in Brazil is still limited, it already offers important subsidies for the advancement of public policies. Most of the research emphasizes the need to combat institutional racism, to include the population in information systems and to expand the dialogue between the SUS and traditional knowledge. To build truly comprehensive and intercultural care, it is essential to recognize the particularities of these people and reconfigure health practices based on equity.

CONCLUSION

This integrative review provided an analysis of the evidence present in the scientific literature on health care for Roma peoples in the context of public health in Brazil. The analysis of the selected studies revealed that, despite significant normative advances, such as the creation of the National Policy for Comprehensive Health Care for the Roma People and the guidance of the Ministry of Health, the practical application of these guidelines still faces considerable barriers.

The main challenges identified include: the invisibility of this population in health information systems; the lack of training of professionals on the cultural particularities of the Roma; institutional discrimination; and the inadequacy of fixed territorial models in relation to the nomadic lifestyle. In addition, the experiences recorded in the literature point to the lack of active listening, the devaluation of traditional knowledge, and low community participation, factors that feed health inequalities.

Therefore, we can affirm that health care for gypsy peoples in Brazil still brings to light both structural and symbolic gaps, which compromise the effectiveness of the SUS in offering comprehensive, humanized and culturally sensitive care to this population. Thus, the central question of the research is answered, highlighting that, although there are public policies that recognize Roma as holders of rights, there is still a mismatch between the current legislation and the reality of care, which demands a reconfiguration of institutional practices to make them more inclusive and equitable.

Among the limitations of the study, the lack of specific publications on the subject in the scientific databases consulted is highlighted, reflecting the historical invisibility of Roma peoples in academia and public policies. This limitation signals the urgent need for new investigations, especially empirical ones, that expand the understanding of care practices, social determinants of health, and strategies to strengthen primary care for this traditional group. Future research can play a key role in improving public policies and developing a fairer, more plural, and more effective health model.

REFERENCES

1. Almeida, M. G., Barbosa, D. R. M., & Pedrosa, J. I. S. (2013). Trilhas da iniquidade: Saúde pública de povos ciganos e políticas no Brasil. Revista Eletrônica Gestão & Saúde, 3, 1116–1129. https://core.ac.uk

2. Bento, M. F., & Batista, M. R. R. (2022). Os ciganos calons na região nordeste: Um estudo sobre as demandas por acesso aos direitos. Revista Ecologias Humanas, 8(9), 51–69. https://doi.org/10.5281/zenodo.11522745

3. Brandão, F. M. R. (2018). População cigana e acesso aos serviços de saúde [Undergraduate thesis, Centro Universitário de Brasília]. Repositório Institucional do UniCEUB. [Note: No URL provided; repository link may be needed]

4. Brasil, Ministério da Saúde. (2013). Política Nacional de Saúde Integral das Populações do Campo e da Floresta (1st ed., 1st reprint). Editora do Ministério da Saúde.

5. Brasil, Ministério da Saúde. (2016). Subsídios para o cuidado à saúde do povo cigano. Associação Internacional Maylê Sara Kalí. https://bvsms.saude.gov.br/bvs/publicacoes/subsidios_cuidado_saude_povo_cigano.pdf

6. Brasil, Ministério da Saúde. (2022). Guia orientador para a atenção integral à saúde do povo cigano. Secretaria de Atenção Primária à Saúde, Departamento de Saúde da Família. http://bvsms.saude.gov.br/bvs/publicacoes/guia_orientador_saude_povo_cigano.pdf

7. Brasil, Ministério da Saúde. (2017). Portaria nº 2.436, de 21 de setembro de 2017. Diário Oficial da União. https://bvsms.saude.gov.br/bvs/saudelegis/gm/2017/prt2436_22_09_2017.html

8. Brasil, Ministério da Saúde. (2018). Portaria nº 4.384, de 31 de dezembro de 2018. Diário Oficial da União. https://bvsms.saude.gov.br/bvs/saudelegis/gm/2018/prt4384_31_12_2018.html

9. Brasil, Presidência da República. (1988). Constituição da República Federativa do Brasil de 1988. http://www.planalto.gov.br/ccivil_03/constituicao/constituicao.htm

10. Brasil, Presidência da República. (2007). Decreto nº 6.040, de 7 de fevereiro de 2007. Diário Oficial da União. http://www.planalto.gov.br/ccivil_03/_ato2007-2010/2007/decreto/d6040.htm

11. Cardoso, G. K. A., & Bonomo, M. (2019). Infância Calin: Socialização étnica e identidade social entre crianças ciganas. Psicologia: Ciência e Profissão, 39(Special issue), Article e2222651. https://doi.org/10.1590/1982-3703003222651

12. de Medeiros, L. A., & de Lourdes, M. S. (2018). SUS e povos ciganos: Desafios na construção de uma política brasileira para equidade. Áltera – Revista de Antropologia, 2(7), 270–283.

13. Fiocruz. (n.d.). Ciganos no Brasil: Saúde e preconceitos. Instituto de Comunicação e Informação Científica e Tecnológica em Saúde – ICICT. https://www.icict.fiocruz.br/content/ciganos-no-brasil-sa%C3%BAde-e-preconceitos

14. Gilgen, A. C., Domingues, C. A. R. L., & Soares, S. R. (2024). Na barra da sua saia: Povos ciganos e os paradigmas de atuação do Ministério Público. In V Seminário Nacional Serviço Social, Trabalho e Política (pp. 1–10). Universidade Federal de Santa Catarina.

15. Mangueira, C. S. S. (2023). O cuidado na atenção primária à saúde sob o olhar de uma comunidade cigana Calon em Sousa/PB [Master's dissertation, Universidade Federal da Paraíba]. Repositório UFPB. https://repositorio.ufpb.br/jspui/handle/123456789/32716

16. Nascimento, E. R. Q. S. (2025). O enfrentamento do povo cigano para obtenção dos direitos fundamentais sociais previstos pela constituição federal de 1988. Revista Ibero-Americana de Humanidades, Ciências e Educação, 11(3), 211–221. https://doi.org/10.51891/rease.v11i3.18294

17. Rothenburg, W. C., & Stroppa, T. (2020). Estatuto dos Povos Ciganos no Projeto de Lei do Senado n. 248/2015. REI-Revista Estudos Institucionais, 6(2), 600–624. https://doi.org/10.21783/rei.v6i2.426

18. Souza, D. K. C. P., & et al. (2022). A experiência e as estratégias das mulheres de etnia cigana com o nascimento dos seus filhos: A realidade do mundo cigano no Sistema Único de Saúde do Distrito Federal. Cadernos Ibero-Americanos de Direito Sanitário, 11(1), 106–127.

19. Vacite, M., & et al. (2023). Saúde da população cigana urbana no Rio de Janeiro/Brasil. Revista Foco, 16(10), Article e3258. https://doi.org/10.54751/revistafoco.v16n10-031