IMPACTO CIENTÍFICO EDITORA

HUMAN VISCERAL LEISHMANIASIS: AN INTERDISCIPLINARY HEALTH PERSPECTIVE ON ASPECTS OF TERRITORY AND CULTURE

LEISHIMANIOSE VISCERAL HUMANA: UMA PERSPECTIVA INTERDISCIPLINAR DA SAÚDE SOB ASPECTOS DO TERRITÓRIO E DA CULTURA

LEISHMANIASIS VISCERAL HUMANA: UNA PERSPECTIVA INTERDISCIPLINAR DE SALUD SOBRE ASPECTOS DE TERRITORIO Y CULTURA

10.56238/edimpacto2025.060-004

Marivaldo Cavalcante da Silva[1], Julia Eduarda Campos Queiroz[2]

ABSTRACT

Considered a reemerging disease, Visceral Leishmaniasis – VL, both canine and human, is expanding in Brazil, being endemic in 12 countries in the Americas. It is considering the social, cultural, as well as environmental dimensions, discussing interdisciplinary perspectives, starting from a discussion and recognition of the concepts of health, territory and culture, that this article seeks to contribute to the reflection on these concepts, their importance in the structuring and implementation of the actions offered by the SUS in the study and fight against Human Visceral Leishmaniasis – HVL. For the construction of this work, a search was carried out in publications of scientific articles, theses and books. One of the possibilities for studying and combating HVL may be to strengthen the community through intersectoral actions, to overcome conflicts between health agents and the community with the recognition of the territory, health practices and daily life, among many other possible possibilities.

Keywords: Interdisciplinarity. Human Visceral Leishmaniasis. Health. Culture. Territory.

RESUMO

Considerada como uma doença reemergente, a Leishmaniose Visceral – LV, tanto canina quanto humana, encontra-se em expansão no Brasil, sendo endêmica em 12 países nas Américas. É considerando as dimensões social, cultural, assim como a ambiental, discutindo as perspectivas interdisciplinares, partindo de uma discussão e reconhecimento acerca dos conceitos de saúde, território e cultura, que esse artigo busca contribuir para a reflexão acerca destes conceitos, sua importância na estruturação e implementação das ações ofertadas pelo SUS no estudo e combate à Leishmaniose Visceral Humana – LVH. Para a construção desse trabalho foi realizada busca em publicações de artigos científicos, teses e

[1] Dr. in Geography. Universidade Federal de Uberlândia. E-mail: marivaldoareia@yahoo.com.br
ORCID ID https://orcid.org/0000-0001-9062-3954 Lattes: http://lattes.cnpq.br/1933607389573499
[2] Student of the Geography. Universidade Federal do Norte do Tocantins (UFNT).
E-mail: julia.queiroz@ufnt.edu.br ORCID ID https://orcid.org/0009-0007-9447-9954
Lattes: http://lattes.cnpq.br/8979627498376836

livros. Uma das possibilidades para o estudo e combate a LVH pode ser o fortalecimento da comunidade por meio de ações intersetoriais, a superação dos conflitos entre agentes de saúde e comunidade com o reconhecimento do território, das práticas em saúde e do cotidiano, dentre várias outras possíveis.

Palavras-chave: Interdisciplinaridade. Leishmaniose Visceral Humana. Saúde. Cultura. Território.

RESUMEN

Considerada una enfermedad reemergente, la leishmaniasis visceral (LV), tanto canina como humana, se está expandiendo en Brasil y es endémica en 12 países de las Américas. Considerando las dimensiones sociales, culturales y ambientales, analizando perspectivas interdisciplinarias y a partir de la discusión y el reconocimiento de los conceptos de salud, territorio y cultura, este artículo busca contribuir a la reflexión sobre estos conceptos y su importancia para la estructuración e implementación de las acciones que ofrece el Sistema Único de Salud (SUS) en el estudio y el combate de la leishmaniasis visceral humana (LVH). Este trabajo se desarrolló mediante la búsqueda de artículos científicos, tesis y libros publicados. Una posibilidad para estudiar y combatir la LVH podría ser el fortalecimiento de la comunidad mediante acciones intersectoriales, la superación de conflictos entre los agentes de salud y la comunidad mediante el reconocimiento del territorio, las prácticas de salud y la vida cotidiana, entre muchas otras posibilidades.

Palabras clave: Interdisciplinariedad. Leishmaniasis Visceral Humana. Salud. Cultura. Territorio.

1 INTRODUCTION

The relationship between man and the environment is increasingly discussed, given the interaction between these two dimensions directly reflects on health, and there is an increasing concern on the part of (scholarly) researchers to associate man, his social and cultural relations, his way of managing the world and himself, his behavior in the environment in which he lives and with the environment. With this, it adds concepts and perspectives for the construction of new perspectives and knowledge with regard to the various diseases and the way to deal with them, thus understanding the individual integrally, going beyond the exclusively biological boundaries of the body, the environmental, economic and social determinants.

From an anthropological perspective, for example, health issues advance in the sense of explaining that all "activities that are linked to health care are interrelated, constituting a socially organized way of coping with the disease, thus forming a cultural system of its own, which is the health care system" (Oliveira, 2002 apud Mello, 2012, p. 10).

In Brazil, one way to rethink the organization of health actions with the communities assisted by the Unified Health System (SUS) would be through the analysis of cultural health data, which would allow us to understand what people think and understand about the health-disease process, health and disease promotion and prevention actions.

It should be noted that the non-recognition and consequent non-appreciation of both social and cultural aspects present in the territories seems to be a hegemonic element for the population's non-adherence to the actions offered by the institutionalized health system in the country – the SUS, an attitude that is apprehended by managers, agents and even users of the health system. which contributes to the adoption of risk behaviors and use of health services.

It is considering the cultural, social, as well as environmental dimensions, discussing interdisciplinary perspectives, starting from a discussion and recognition of the concepts of health, territory and culture, that this article seeks to contribute to the reflection on these concepts, their importance in the structuring and implementation of the actions offered by the SUS in the study and fight against Human Visceral Leishmaniasis – HVL.

2 HEALTH, ENVIRONMENT, TERRITORY AND CULTURE FROM AN INTERDISCIPLINARY PERSPECTIVE

Researchers have been disseminating the idea that disciplinary plurality is the path to a broader and more general view of the human being, evidencing the importance of subjectivity in medical practices and care. With the exception of disciplinary plurality, other

researchers ratified the need for a dialogue between the various knowledges culminating in what is called interdisciplinarity and, in a broader perspective, transdisciplinarity. According to Pombo (2008)

> The emergence of a set of discourses that come to praise interdisciplinarity, that enthusiastically defend the banner of interdisciplinarity, begins. We then witnessed a vigorous movement of disciplinary reorganization and an alternative scientific program to the analytical model also began to be defended (...) (Pombo, 2008. p 11)

The conception of interdisciplinarity, even if it is not a consensus, although it is implicit in the articulation between the authors, is not primacy in this work and, by addition, of pluridisciplinarity, transdisciplinarity and multidisciplinarity. According to Pombo (2008) "we have a word that no one knows how to define, about which there is not the slightest stability and, at the same time, an invasion of procedures, practices, ways of doing things that cross various contexts, that are everywhere and that insist on claiming the word interdisciplinarity".

What is aspired is to start from these definitions in order to discuss the concepts of health, territory and culture from an interdisciplinary perspective, emphasizing the idea that these different perspectives coexist, complement each other and/or dispute spaces of understanding and intervention in an incessant dialogue.

It is part of various historical and temporal contexts, where man has been appropriating spaces, organizing himself into groups, systems, dimensions that we define as society according to his levels of need. In this process, they interact with each other and with the environment in which they live, modifying relationships and the environment. It is in the way he appropriates the spaces that will define and characterize his culture, health, religion, environment, economy, and his social relations.

This relationship "society and the environment" – in order not to separate man from the environment, is transforming him, and it should be noted that it is already possible to glimpse the perspective that our planet will probably have more inhabitants in urban environments than in rural environments, green areas such as forests and woods will be negligible. With the vertiginous urbanization, without any apparatus of regulation and monitoring, it has generated enormous effects on the health of the population and problems such as insufficient sanitation, collection and appropriate disposal of garbage, precarious housing situations that are currently added to the chemical and physical pollution of the air, land and water.

Several theories can be verified where the relationship between the natural environment and the appearance of diseases in men is established. The human, geographical, social, and biological aspects, which should be examined in the study of

diseases, of the vector, alongside the etiological individual, of the reservoir, of the intermediate host, and of susceptible man, have given way to biomedical standards that direct an ecological-functionalist meaning "placing on the same plane, natural-a-historical, the various elements of nature, reducing human life to its animal dimension, and converted the production or culture of society into one more element of the environment" (BREILH, 1991).

Several models have emerged to explain the Natural History of Diseases (HND), leading to a reordering of knowledge, introducing the concept of interaction, involving multiple causalities and interdisciplinarity, to classifications of different moments of the periods between the "emergence of the disease, its establishment and goes until cure or death, with or without sequelae, resulting from the relationship between the host and the factors or agents in the environment" (AROUCA, 1976, p. 15-19). As the main criticism of this model, the fact that social, economic and pathophysiological aspects are placed on the same plane is mentioned, which removes the need for a social definition of the disease.

With the multicausality model, where conditions were replaced by intervening factors, visible at any stage of the HND, "making the subject a potential patient and medicine, a continuous need for the maintenance or reestablishment of the lost balance" (GARCIA, 1991 apud PIGNATTI, 2004, 135). The social is introduced and naturalized, objectified and fragmented in a consequent difficulty in explaining the health situation, becoming quantifiable to the same qualitative degree as the individual. According to Pignatti (2004)

> It is through epidemiology that actions are thought about individuals and population groups, considered not as an inseparable whole, but in parts, in an atomized way, modifying, from there, the concept of environment and the valorization of the social component, as an important dimension of the process, linking the issue to the notion of collective and as a determinant in the distribution of diseases." (GARCIA, 1991 apud PIGNATTI, 2004, p 135).

Since 1970, researchers have been producing studies emphasizing an ecosystem approach to health, aiming to support the construction of links that aim to make a relationship between strategies of integral management of the environment with a totalizing approach to the promotion of human health.

To Rock and David (2015)

> The first general analyses in Latin America that refer to the field of social medicine date back to the 1980s and 1990s. In Brazil, the trajectories of a social thought resulted in different approximations, at different times. Such approximations return to the origins of collective health based on the so-called ***preventive project***, widely discussed in the second half of the 1950s, which was associated with criticism of the biomedical model, culminating in the creation of departments of preventive and social medicine in medical

schools and disciplines that broadened the clinical perspective, such as epidemiology, conduct sciences, biostatistics. The concern with a biopsychosocial perspective of the individual is installed.

Being a concept of geography, the territory has gained prominence in the areas of anthropology, political science and sociology, as a guiding axis of its actions, bringing the possibility of articulation and proposition, seeking to know not only the social determinants, but also the cultural and environmental determinants in the health/disease process and the organization of health services, since it provides an approximation of the places where people live. According to Faria (2013)

> There are two compositional aspects of the SUS that deserve some geographical attention. The first is the character of law. "Health is everyone's right", says the Constitution (BRASIL, 1989). And this determines the most important principle of this new system, which is the universality of attention. (FARIA, 2013, p 136)

With a principle that imposes accessible health care for all, without any distinction, it determined a need for a territorial arrangement with a view to the organization of services, and for this it is necessary to implement a policy of decentralization. Faria (2013) states that

> And access depends, obviously, on the existence of services in the territories. The way found to solve this was by implementing the policy of decentralization of health in Brazil, in a clear attempt to bring services to the territories and, in this way, make the system accessible. With decentralization, the Municipality gains importance and with it the territory. FARIA, 2013, p 137)

Faria (2013) himself emphasizes that "efficient territorial planning and management policies are necessary, since territorial inequalities are pressing and the issue of the right to health is directly linked to the territory and the way in which services are territorially arranged". According to the author, "However, it is not from the perspective of the stricto sensu right that one should think, but in its effectiveness or realization. [...] Territory can be taken, on the one hand, as the possibility of the realization of this right and, on the other, as the result and consequence of this same implementation".

How the concept of environment was taken up and understood as a geographically and socially occupied place, from the 80s onwards, in which the development of capitalism and the various economic-social formations have a direct action on health and the environment. In the 90s, the focus began to be on the human impact on the environment and the consequences on human health, where the link between population growth and mortality profile, social disparity and improvement of quality of life, intensification of the ozone hole and

increase in ultraviolet radiation, urbanization and air pollution were addressed, among others, water pollution and health effects.

Barcellos and Monken (2007) apud Pereira (2009, p, 195) state that health promotion strategies should undergo a reorganization that is "based on a new understanding of the concept of health and its relationship with the category of territory, with a view to creating healthy environments". According to Faria (2013)

> In general, the territorial structuring of SUS services has been carried out in Brazil through the so-called "territorialization of health". It is a planning technique, perhaps a technology as Monken (2003) wants, but it is also a State policy used to plan the location and modes of territorial registration of health services at the various scales. The territorialization of primary health care services is highlighted, as these, unlike services related to specialties, must operate on a very well-defined territorial basis. (MONKEN, 2003, p 8)

Reflection from the territory is one of the assumptions of the organization of health work processes. On several occasions, the concept of space is reduced and used in a merely administrative way for the physical management of health services, neglecting the potential of such a definition for the recognition of health problems and possibilities of intervention. In the particular case of Brazil, the influence of three authors or currents of territorial analysis stands out: Milton Santos, followed by the contributions made by researchers Rogério Haesbaert and Marcos Saquet.

As for Haesbaert (2007, p. 3), he understands that "the territory, immersed in relations of domination and/or society-space appropriation, unfolds along a *continuum* that goes from the most 'concrete' and 'functional' political-economic domination to the most subjective and/or 'cultural-symbolic' appropriation". On the other hand, Santos (2004) states that "the territory is a form, but the territories used are objects and actions, synonymous with human space, an inhabited space" where it is possible to pay attention to the diverse and different interests of individuals, where citizenship actions are fundamental to implement an adequate model of investigation and health care, bringing space as a process and product of social relations. According to Faria & Bortolozzi (2009)

> Milton Santos elaborates an argument of an eminently epistemological nature, based on social processes and recognizing nature as an element of the territory; R. Haesbaert makes a theoretical and ontological discussion centered on reterritorialization based on political and cultural factors, incorporating more recently a more systematic concern with nature and, M. Saquet, makes a theoretical-methodological discussion, highlighting the production of territory under economic, political and cultural forces [...] (SAQUET, 2007, p. 122).

It is worth mentioning from another perspective, different from that given by Milton Santos, but which can be thought of within health is given by Rafesttin (1993, p. 143) in an understanding of appropriation

> Space and territory are not equivalent terms. [...] It is essential to understand well that space precedes territory. The territory is formed from space, it is the result of an action conducted by a syntagmatic actor (actor who performs a program) at any level. By appropriating a space, concretely or abstractly (for example, through representation), the actor "territorializes" the space. by Rafesttin (1993, p. 143)

Such approaches mentioned above can be transposed to health research. Indifferent to the perspective adopted, this space presents, in addition to a geographical extension, an environmental, epidemiological, administrative, technological, demographic, political, social and cultural delineation, thus transfiguring itself into a territory in continuous construction.

At a time when the principle of universality imposed the need to territorialize health actions, in Brazil the principles of the Unified Health System (SUS) that deals with comprehensiveness - a totalizing action that takes into account the biological, psychological and social dimensions, since man is an individual being - and humanization - a set of principles that criticize the impersonal and dehumanized character of health care - should place culture as an essential element in the process of understanding and controlling health/disease (OLIVEIRA, 2002 apud MELLO, 2012, p 17). The author considers that "[...] It is important to recognize that, at each professional meeting, there is also a meeting of cultures. It is salutary to emphasize that behind each patient there is a culture or habitus that supports the perception they have of their disease and also of health systems".

When referring to the concepts of habitus, Elias (1994) says that there is an interdependence between individuals, although they are different in their external nature, they become equal due to dependence on each other, conferring a character of dynamism between society and individual, a fact that determines the difference between the ideas defended by this author and the previous sociological currents. It is understood that this interdependence between the subjects will condition the organization of social structures and, consequently, of the health system. For Elias (1994, p. 123)

> This *habitus,* the social composition of individuals, constitutes the soil from which the personal characteristics emerge through which an individual differs from the other members of his society. In this way, something springs from the common language that the individual shares with others and which is certainly a component of *social habitus*. (ELIAS, 1994, p. 123).

It is worth noting how important it is to understand how these facts are constructed and what their value is in the lives of people in a given society. In this sense, over time, society and users of health services build perceptions in relation to the actions offered by the System that need to be "translated" (MELLO, 2012).

From a cultural perspective, it is salutary to mention Geertz (1997, p. 225): when he states that if "[...] to analyze the symbolic forms – words, images, institutions, behaviors – in terms of which men (*peoples*) represent themselves, for themselves and for others". Following the same reasoning, individuals from the same culture share sets of concepts, images and ideas that allow them to feel, reflect and, therefore, interpret the world in a similar way that would determine the effectiveness of health actions.

3 HUMAN VISCERAL LEISHMANIASIS IN A MULTITERRITORIAL APPROACH: CULTURAL PRISMS RELATED TO THE TRANSMISSION OF VECTOR-BASED DISEASES

The greatest concerns of science on the threshold of the twenty-first century are related to the conditions of human existence, since the current configuration of "a networked world" (CASTELLS, 2002 apud FARIA & BORTOLOZZI, 2009) has enabled the globalization of nature, accompanied by the globalization of environmental problems and the consequent globalization of health, since, although the consequences of this process are unequally distributed in the various regions of the world, these issues are beginning to worry developed countries, since "nature does not recognize territorial borders and has made possible the flows of viruses and bacteria, which can spread rapidly in the various regions of the globe and produce major epidemics" (FARIA & BORTOLOZZI, 2009, p.5).

From this perspective, it has become impossible to think of collective health and environmental health separately, given the need to combine promotion and prevention

> in a process of resignification of the man-environment relationship, returning to the conception of man as one of the elements of nature itself, and not as a superior entity that should dominate it for mercantile purposes and financial gain (MACHADO AND RAMOS, 2010).

At the end of the century, diseases such as malaria, leptospirosis, Chagas disease persist or reappear, all closely related to the predatory form of man's intervention in the environment. In addition to affecting vast regions of the interior of the country, the typical diseases of the past and underdevelopment also reappear in modern contexts, as occurred with the urbanization of leishmaniasis.

This geographic and agribusiness expansion generates devastation and as a consequence an environmental imbalance, since animals and insects lose their habitat, take refuge in cities, taking shelter in homes where they find an abundant source of food in the blood of domestic animals and people in the case of insects.

The conditioning factors of these epidemics are the agricultural expansion in the Cerrado areas, the immigration process, the occupation of slopes and semi-urbanized agglomerations on the outskirts of urban centers; deforestation in forest areas, in addition to the predatory process of colonization, combined with other aspects of a social and cultural nature, such as beliefs, way of life, customs, etc.

For Santos (1996) these relations are "an inseparable set of systems of objects and systems of actions" as well as "a set of fixed and flows that interact" for Czeresnia and Ribeiro (2000 apud Santos 1996).

> Space is that which results from the relationship between the materiality of things and the life that animates and transforms them. The territorial configuration is a historical production resulting from these relations. Actions come from human needs: material, spiritual, economic, social, cultural, moral, affective.

Silva (2013) corroborates this perspective by stating that "Visceral Leishmaniasis (VL) in addition to being in a process of geographic expansion, is also in a process of urbanization, where the canine and human incidence has increased over the years". Currently considered a reemerging disease[3], Visceral Leishmaniasis – VL, both canine and human, is expanding in Brazil, being endemic in 12 countries in the Americas.

Several epidemiological factors are cited to justify the increase in the incidence of serotypes, the risks of infection and transmission of HVL, namely: environmental, social and cultural – which require effective instruments and methodologies for the surveillance and monitoring of each risk factor.

Most studies related to HVL highlight risk factors such as living with domestic animals, such as chickens and dogs, proximity to forest areas, hygiene and cleanliness, accentuated deforestation and occupation of residual forests and slopes in urban centers (SILVA, 2013), the increase in the number of vectors, socioeconomic conditions of the affected population, not associating aspects such as concentration of people and domestic characteristics such

[3] They indicate a change in the epidemiological behavior of diseases that were already known, which had been controlled, but which once again posed a threat to human health. This includes the introduction of already known agents into new populations of susceptible hosts. In the recent history of Brazil, for example, the return of dengue and cholera and the expansion of visceral leishmaniasis have been recorded (BOULOS, 2001).

as construction material of homes, floors, straw walls, human behavior, among others. For Silva (2013)

> Despite the low fertility rates, the Brazilian population will continue to grow in the coming decades, which has implied an accelerated demographic transition, resulting in a significant epidemiological transition. [...] A broader approach is necessary to understand the process of transition and consolidation of the triple burden of disease established and faced in Primary Care.

From this perspective, Rocha & David (2015, p. 2) consider that Epidemiology makes use of a predominantly inductive reasoning, "(...) which results in inferences applicable to other populations exposed to the same conditions". In the Clinic, "it does not consider the historicity of social facts, presupposing the existence of universal health-disease standards". Still for Rocha & David (2015)

> These approaches agree that economic factors (income, employment, and organization of production) can positively or negatively interfere with the health of population groups; that living and working environments can generate effects that are more or less harmful to people's health; and that culture and values can also interfere by expanding or restricting people's health possibilities, due to the value attributed to life, recognition of citizenship, conception of health, and the way each people deals with gender, ethnicity, and even economic differences.

In general terms, the health-disease process is determined by the way man appropriates nature at a given moment, an appropriation that takes place through a work process based on a certain development of the productive forces and social relations of production (ROCHA & DAVID, 2015). According to Haesbaert (2007)

> Territory, as a dominated and/or appropriated space, today manifests a multi-scalar and multi-dimensional meaning that can only be properly apprehended within a conception of multiplicity, both in the sense of the coexistence of "multiples" (types) of territory and the effective construction of multiterritoriality. Every action that intends to be effectively transformative today must face this question: either we work with the multiplicity of our territorializations, or we will not achieve the transformation we desire.

In empirical studies of the health-disease process, "it allows us to describe the health conditions of a group related to its social conditions, evidencing the problem in a more comprehensive way than the mere biological description of health conditions, a fact that directly influences health practice" (ROCHA AND DAVID, 2015, p. 3). Also in the way people perceive risk, it is highlighted according to the real conditions of life in interaction with their

social, environmental and territorial environment, which inserts essential social and personal values such as traditions, beliefs, habits.

According to Silva (2013, p. 23) "the simple habits of the population such as raising some animals in backyards such as dogs, chickens, [...] loose on the streets of the cities, they are a permanent source of blood meal for disease-transmitting insects". For Silva & Lopes, (2022) The presence of these animals is still very common in medium and small cities in the State of Tocantins, as very few have their own sanitary laws that inhibit the breeding of these animals combined with the habit of people raising these animals for food - in the case of chickens, protection or even due to beliefs - in the case of dogs.

Also Silva (2013, p. 23) "another common practice is the permanence of fruit trees in the vicinity of residences without proper cultural treatment, which creates favorable conditions for the reproduction of sandflies, that is, in shaded areas, moist soil and with organic matter", the lack of street cleanliness, the large number of lots with dense vegetation cover, the backyards still with residual forests.

Several of these practices, which are still common and characteristic of the rural area, such as the accumulation of garbage and animal husbandry, are still predominant in several cities, a habit that should be rethought in view of the configuration and social organization adopted in urban spaces, leading to the need for new ways of acting, thinking and relating.

Sá and Bertolin (2015, p. 58) contribute by showing that, still in the state of Tocantins, specifically in the municipality of Araguaína, three neighborhoods stood out, between 2007 and 2010, as critical areas for the spread of human visceral leishmaniasis: Araguaína Sul, Setor Maracanã and Nova Araguaína.

> The joint neglect of residents and public authorities in relation to the problem of garbage and solid waste. Concomitantly with the other neighborhoods studied, there is little basic sanitation structure, paving, waste packaging and neglect of vacant lots (Sá & Bertolin, 2015, p. 63).

It is possible to evidence that the neglect that occurred, both on the part of residents and the government, in relation to public health and the provision of an adequate social structure for both the population and the animals that act as hosts is one of the main factors that favor the spread of leishmaniasis.

As for the organization of knowledge and experiences of individuals and the form of organization of these factors, it is essential for the planning and strengthening of actions to promote human and environmental health. From this perspective, "health promotion is a strategy of transversal articulation in which visibility is given to the factors that put the health of the population at risk and to the differences between needs, territories and cultures present

in our country, aiming at the creation of mechanisms that reduce situations of vulnerability, radically defend equity and incorporate participation and social control in the management of public policies" (PNPS, 2010, p.12).

We consider it appropriate to address in the discussion the concept of territorialization as a process "of inhabiting and experiencing a territory; a technique and a method for obtaining and analyzing information on the living and health conditions of populations; an instrument to understand the contexts of land use at all levels of human activities (economic, cultural, social, political, etc.)" (GONDIM & MONKEN, 2008, p. 397), making the "territory as a category of social analysis" (Souza, 2004, p. 70).

In the discussion about territories and their possibilities, from the perspective of the organization of health services, the aim is to establish geographical areas of responsibility and performance of health teams, in a process of planning health actions, inseparable from the process of identifying the territory and its possibilities.

As for the view of merely physical space, it can be overcome and incorporated by Epidemiology, which in the works of Milton Santos will think of this category as a social relation and thus allow us to think about disease as a process of change in the spatial structure, not merely describing it, being able to overcome a non-historical view of the biological process and at the same time understand the economic factors, political, social and cultural responsible for the production of endemic and epidemic diseases.

For Faria and Bortolozzi (2009, p. 35) "by understanding space in the context of technical-scientific-informational development, the health sector begins to understand disease not only as the result of the presence of viruses and bacteria (unicausal analysis), but as the result of a complex social dynamic". In this sense, the category territory is relevant, both with regard to the social reach of the goods produced by modern society, and for the investigation of the most deplorable social realities.

On the one hand, the territory - the scenario of social relations - can be essential to investigate the appropriation/domination of space and its relationship with health, on the other hand, it becomes important for the planning of actions that allow reducing the impacts of this appropriation on people's lives, the spread and control of diseases such as HVL, among others. As an important example, we can mention urban territorial planning, which can both prevent the production of diseases, controlling the occupation of inadequate areas and creating an environmentally healthy structure, and make public health action more effective, installing equipment and services that are consistent with the territorial realities for which they are intended.

It is not enough to program sectoral actions, it is necessary to "enforce everything that is necessary and fundamental for human life in a given place. The interaction and articulation between all things is what will make that place a good place to live, in short, a healthy place" (SOUZA, 2004 apud MONKEN AND BARCELLOS, 2007, p. 198).

4 FINAL THOUGHTS

To ensure a space for debating ideas and dialogue from a perspective of interdisciplinary diversity within public health, being permanently open to reflect on the transformation of practices, so that there is more engagement in health actions for the population, developing, stimulating and enhancing the exercise of strategic and effective practices and conceptions.

There is still a technicist dominance in the actions, without considering the local historical and social dimension. Although environmental conditions are a determining factor, according to the current health model, it is possible to identify some cultural aspects that can also influence the dissemination of HVL as a way of life and habits. The relationships between health agents and the population can also be permeated by conflicts, since there is a relationship between the person and the dog with or without the disease, providing an approach to the "moral" of health actions.

We can point out how one of the possibilities for the study and fight against HVL can be the strengthening of the community through intersectoral actions, the overcoming of conflicts between health agents and the community with the recognition of the territory and health and daily practices, among several other possible

With the different perspectives of the territory, they can provide an interdisciplinary view for the development of health actions and, specifically, in the proposition of actions in the study and fight against HVL. The inclusion of the territory category in epidemiological research can be fundamental, since this issue is directly linked to the principles of equity and universality in health care.

No less salutary, the recognition and respect for practices, beliefs, ways of life, knowledge, etc. can give greater effectiveness to the promotion, prevention and care actions carried out by health services.

REFERENCES

Arouca, A. S. S. (1976). A história natural das doenças. Revista Saúde em Debate, (1), 15–19.

Boulos, M. (2001). Doenças emergentes e reemergentes no Brasil. Ciência Hoje, 29(170), 58–60.

Brasil. Ministério da Saúde. Secretaria de Vigilância em Saúde. (2017). Casos confirmados de leishmaniose visceral, Brasil, grandes regiões e unidades federadas, 1990 a 2016. http://portalarquivos.saude.gov.br/images/pdf/2017/setembro/14/LV-Casos.pdf

Brasil. Ministério da Saúde. Secretaria de Vigilância em Saúde. (2006). Política nacional de promoção da saúde (3rd ed.). http://bvsms.saude.gov.br/bvs/publicacoes/politica_nacional_promocao_saude_3ed.pdf

Breilh, J. (1991). Epidemiologia: Economia, política e saúde. UNESP/Hucitec.

Czeresnia, D., & Ribeiro, A. M. (2000). O conceito de espaço em epidemiologia: Uma interpretação histórica e epistemológica. Cadernos de Saúde Pública, 16(3), 595–617. https://www.scielo.br/j/csp/a/nWtDN3D3rTd87bHnwX55fSK/?format=pdf&lang=pt

Elias, N. (1994). A sociedade dos indivíduos. Jorge Zahar.

Faria, R. M. (2013). A territorialização da atenção primária à saúde no sistema único de saúde e a construção de uma perspectiva de adequação dos serviços aos perfis do território. Hygeia, 9(16), 131–147.

Faria, R. M., & Bortolozzi, A. (2009). Espaço, território e saúde: Contribuições de Milton Santos para o tema da geografia da saúde no Brasil. Ra'e Ga, (17), 31–41.

Geertz, C. (1978). Uma descrição densa: Por uma teoria interpretativa da cultura. In A interpretação das culturas (pp. 13–41). Zahar.

Haesbaert, R. (2007). Território e multiterritorialidade: Um debate. GEOgraphia, 9(17).

Machado, C. J. S., & Ramos, R. R. (2010, August 9). Ciência, saúde coletiva, meio ambiente e sociedade. EcoDebate. https://www.ecodebate.com.br/2010/08/09/ciencia-saude-coletiva-meio-ambiente-e-sociedade-artigo-de-carlos-jose-saldanha-machado-e-rafaela-rodrigues-ramos

Mello, C. H. M. S. (2012). A valorização dos aspectos culturais da população como estratégia para melhorar a adesão da comunidade às ações de promoção de saúde e prevenção de doenças. Aurora, 5, 9–24.

Gondim, G. M. M., & Monken, M. (2008). Territorialização em saúde. In I. B. Pereira & J. C. F. Lima (Eds.), Dicionário da educação profissional em saúde (pp. 392–399). EPSJV; FIOCRUZ.

Monken, M., & Barcellos, C. (2007). O território na promoção e vigilância em saúde. In A. F. Fonseca & A. M. D. Corbo (Eds.), O território e o processo saúde-doença (pp. 177–224). EPSJV; FIOCRUZ.

Organização Pan-Americana da Saúde. (1986). Carta de Ottawa. Primeira conferência internacional sobre promoção da saúde. Ottawa.

Pereira, R. R. (2009). Território, saúde e ambiente: Novas formas de articulação. Geografia, 18(1), 193–204. http://www.uel.br/revistas/uel/index.php/geografia/

Pignatti, M. G. (2004). Saúde e ambiente: As doenças emergentes no Brasil. Ambiente & Sociedade, 7(1), 133–148.

Pombo, O. (2008). Epistemologia da interdisciplinaridade. Revista do Centro de Educação e Letras da UNIOESTE, 10(1), 9–40.

Raffestin, C. (1993). Por uma geografia do poder. Ática.

Rocha, P. R., & David, H. M. S. L. (2015). Determinação ou determinantes? Uma discussão com base na teoria da produção social da saúde. Revista da Escola de Enfermagem da USP, 49(1), 129–135.

Sá, R. A. de, & Bertolin, A. O. (2015). Diagnóstico situacional das condições ambientais nos três bairros de maior incidência para leishmaniose visceral em Araguaína, Tocantins. Revista Biociências, 21(1), 56–67. https://periodicos.unitau.br/biociencias/article/view/1973/1517

Santos, M. (2004). Natureza do espaço: Técnica, razão e emoção (4th ed.). Editora da Universidade de São Paulo.

Silva, M. C. da. (2013). Leishmaniose visceral: Fatores determinantes e condicionantes de uma epidemia anunciada em Araguaína-TO [Doctoral dissertation, Universidade Federal de Uberlândia]. Repositório UFU. https://repositorio.ufu.br/handle/123456789/15960

Silva, M. C. da, & Lopes, A. P. (2022). Expansão urbana e risco de infecção por leishmaniose visceral na cidade de Araguaína-TO. In D. L. S. Braga (Ed.), Reflexões e inovações nacionais no século XXI em ciências humanas e sociais (Vol. 2, pp. 153–164). Instituto Scientia.

Souza, M. A. (2004). Uso do território e saúde: Refletindo sobre “municípios saudáveis”. In A. M. G. Sperandio (Ed.), O processo de construção da rede de municípios potencialmente saudáveis (Vol. 2, pp. 57–77). IPES Editorial.