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# Culture and health: unveiling self-care among quilombolas women

Cultura y salud: desarrollar el cuidado personal entre las mujeres quilombolas

Cultura e saúde: desvelando o autocuidado entre mulheres quilombolas

## ABSTRACT

This descriptive study with a qualitative approach aims to reveal the understanding and practices of quilombola women regarding self-care in health and to exchange knowledge and popular cultural practices with academics. Data were collected with black women from the Mutuca-MT quilombola community, through conversation circles permeated with stimulating dynamics for participation. It was evident that quilombola women develop self-care actions based on cultural traditions learned from their ancestors and many are afraid to return to health services because they feel disrespected by professionals regarding their knowledge and cultural practices. We believe that it is necessary for courses in the area of health to address, in the process of training future professionals, knowledge that will enable them to develop an approach and cultural negotiation with the people of traditional communities in the art of health care in its various dimensions.

**DESCRIPTORS:** Self-care; Quilombo; Black Women.

## RESUMEN

Este estudio descriptivo con enfoque cualitativo tiene como objetivo revelar el entendimiento y las prácticas de las mujeres quilombolas en relación con el autocuidado en salud e intercambiar conocimientos y prácticas culturales populares con académicos. Los datos se recolectaron con mujeres negras de la comunidad quilombola Mutuca-MT, a través de círculos de conversación impregnados de dinámicas estimulantes para la participación. Se evidenció que las mujeres quilombolas desarrollan acciones de autocuidado basadas en tradiciones culturales aprendidas de sus antepasados y muchas tienen miedo de regresar a los servicios de salud porque se sienten irrespetadas por los profesionales con respecto a sus conocimientos y prácticas culturales. Creemos que es necesario que los cursos en el área de la salud aborden, en el proceso de formación de los futuros profesionales, conocimientos que les permitan desarrollar un acercamiento y negociación cultural con las personas de las comunidades tradicionales en el arte de la salud en sus diversas dimensiones.

**DESCRIPTORES:** Autocuidado; Quilombo; Mujeres Negras.

## RESUMO

Este estudo descritivo com abordagem qualitativa tem como objetivo desvelar a compreensão e as práticas das mulheres quilombolas quanto ao autocuidado em saúde e, intercambiar saberes e fazeres culturais populares com os acadêmicos. Os dados foram coletados com mulheres negras da comunidade quilombola Mutuca-MT, através de rodas de conversas permeadas com dinâmicas estimuladoras para participação. Foi evidenciado que as mulheres quilombolas desenvolvem ações de autocuidado com base nas tradições culturais aprendidas com seus antepassados e muitas receiam voltar aos serviços de saúde por se sentirem desrespeitadas pelos profissionais quanto aos seus saberes e fazeres culturais. Consideramos que se faz necessário os cursos da área da saúde abordarem no processo de formação dos futuros profissionais conhecimentos que os habilitem a desenvolverem uma abordagem e negociação cultural com os povos das comunidades tradicionais na arte de cuidar da saúde em suas diversas dimensões.

**DESCRITORES:** Autocuidado; Quilombo; Mulheres Negras.

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**INTRODUCTION**

**W**omen are the main users of health services. The reasons for them to use such services are the most varied indicated by the characteristics inherent to the female nature, such as: motherhood, feeling of care, compassion, need for their own care and accompaniment to their loved ones, neighbors and / or friends<sup>(1)</sup>.

Most deprived populations and some socially excluded, such as black women, quilombolas, LGBT population and residents in areas of difficult geographic access find it difficult to enjoy these services. This phenomenon is characterized as a critical node in the Unified Health System (SUS), affecting mainly residents of remaining quilombola communities<sup>(2)</sup>.

The Ministry of Health defines remaining quilombola communities (CRQ) as spaces in which racial ethnic groups live with the presumption of Afro-descendant ancestry, such as the descendants of enslaved women, men, ex-slaves, and free blacks. However, these communities experience social and health inequalities because they live in physical and social isolation<sup>(3)</sup>.

The authors<sup>(2,4)</sup> they point out that, in most cases, black women are below the poverty line, with difficulties in entering

the labor market and in a situation of illiteracy, which makes them vulnerable to triple social discrimination. Thus, in the face of the process of exclusion and discrimination, such women may develop psychological distress and, consequently, have inaccessibility to fairer and more quality health care.

Faced with this problem, regarding the difficulty of access to health services experienced by black women, specifically when it comes to quilombola black women, the Multiprofessional Research Group on Health Education and Technologies (PEMEDUTS) of the Federal University of Mato Grosso (UFMT) felt the need to elaborate and develop the research project, with an interface in the extension, called "Cultural practices in health: care and popular health education in the struggle for life in a quilombola community in the State of Mato Grosso", aiming to understand the various nuances that permeate this phenomenon and unveil action strategies to alleviate it.

This article is an excerpt from the matrix project, aiming to understand cultural aspects that permeate health care in the quilombola population Mutuca-MT, specifically the self-care of black quilombola women as a strategy for maintaining and rescuing health in the face of difficulties regarding access to medical services .

We consider that addressing this issue is of social and professional relevance, as it is a potential channel of knowledge for nurses and other health professionals regarding the resilience of quilombola women, their knowledge and actions in the care of their own health, community members and the environment as a whole. Therefore, it becomes clear the importance of professionals in negotiating academic knowledge with those popular in the art of health care.

On this issue, it is essential to highlight the importance of cultural negotiation in the art of nursing care / care, so that the care process does not affect the beliefs, values and knowledge of those being cared for and, thus, the therapeutic process is effective. in its essence and ontological sense<sup>(5,6)</sup>.

The objective was to reveal the understanding of quilombola women regarding self-care in health with a view to exchanging this knowledge and popular practices with nursing students.

**METHODOLOGY**

This is a descriptive study, with a qualitative approach, developed in the Quilombola Mutuca Community, which is in the district of Mata Cavalo - Mato Grosso, belonging to the municipality of

Nossa Senhora do Livramento. The research took place between August 2018 and March 2019.

The research subjects were black quilombola women belonging to the community, the research data were collected through the conversation wheel method, this being a moment permeated by stimulating dynamics for participation and subsidized by a generating theme.

During the rounds of conversation, the speeches were apprehended through audio recordings, simple observation, image recording with photos and footage. The whole process took place after the women agreed and signed the Free and Informed Consent Term (ICF), as recommended by Resolution 466/2012 of the National Health Council / Ministry of Health (CNS / MS). Therefore, this study is part of the matrix project approved by the Research Ethics / Health Committee of UFMT, under opinion No. 2,714,638 / 2018.

For analysis and understanding of the phenomena apprehended during the conversation circles, the speeches were categorized according to the categorization technique recommended by Bardin<sup>(7)</sup> and then understood with subsidy from merleau-pontyana phenomenology<sup>(8)</sup>, and guiding literature of the study in question.

## RESULTS AND DISCUSSION

### Understanding of the phenomena apprehended in the conversation circles

One of its main care actions is to educate individuals, families, and communities for the development of self-care. In this perspective, as Paulo Freire teaches us<sup>(9)</sup>, no person is an empty box, without content or knowledge, but everyone brings from their experiences and learning in social life a wide range of knowledge that must be considered in the educational process. Thus, we seek, in this research, through the apprehension of the phenomena related to self-care expressed in the statements of

black quilombola women, to unveil how they understand and develop it within the Mutuca - MT community.

To understand the phenomena implicit in the speeches, these were systematized and grouped by similar (similar) meanings, using, in this process, the qualitative principle of exhaustion (when the speeches begin to be repeated through similarities of meaning). After this process, the statements were grouped according to Bardin's categorization technique<sup>(7)</sup>, resulting in the categories below.

#### Self-care for the environment

*"Not making fires in order not to harm nature, my health and that of others".*

*"I gather all the leaves to make compost later, without having to burn".*

*"Not using poisons on rice and other crops".*

This category demonstrates the attitudes of quilombola women from Mutuca in relation to the dimension of self-care for the environment, whose speeches lead us to infer individual and collective awareness about the preservation of the environment and techniques inherent to agroecology, which directly contribute and indirectly for the rescue and maintenance of individual and community health.

The authors<sup>(10)</sup> corroborate our understanding when they affirm that, avoiding fires, which cause enormous negative consequences for the environment and the individual's health, the prevention of the appearance of diseases in the respiratory tract, such as: asthma, bronchitis, eye and throat irritation, conjunctivitis, cough, shortness of breath, redness and skin allergy, in addition to cardiovascular disorders.

Some authors<sup>(10,11)</sup> deal with the importance of agroecology for the preservation of the environment and the individual. In this sense, the non-use of pesticides

is especially important, considering that they are one of the greatest risk factors for human health, as they cause damage to the health of populations, private workers, and the environment.

Thus, we perceive, in this category, that quilombola women have understanding and important practices regarding self-care for the environment in their community.

#### Autocuidado com os alimentos

*"We do a good washing of the food before consuming it and, if possible, sometimes we leave it immersed in some chemical product for a few minutes before preparing it".*

*"I wash my hands well before preparing food."*

*"I avoid putting too much salt in food".*

In this dimension of self-care, we can see the level of knowledge of quilombolas, although it is empirical, it demonstrates self-care skills with food.

The speeches are interrelated highlighting sensitivity and care knowledge that quilombola women from Mutuca have with food, which go from planting, cleaning in preparation, storage, to ingestion, even though most of them do not have high levels of education formal.

It is interesting to note that, due to the fact that some people in the community have been diagnosed with hypertension, there is a portion of the community that already prepares food, avoiding adding salt, replacing it with another seasoning, such as lemon juice.

Self-care actions with food developed by quilombo women are legitimate, emphasizing that washing food with drinking water allows the removal of soil components and some pathogens<sup>(12)</sup>.

On this issue, it is emphasized that the consumption of salt in the diet is one of the main risk factors for systemic arterial hypertension, being recognized as one of the major causes of

morbidity and mortality and cardiovascular diseases<sup>(13)</sup>.

In this category, we can reveal that the quilombolas participating in the study in question demonstrated to develop self-care with food, which transcends only the fact of preparing them for consumption and takes steps that go from planting to ingestion free of pesticides or dirt that transmits pathogens.

### Self-care for individual health

*"I take care of myself by consuming more food produced in the community". "Taking home remedies from the community itself and my grandparents did and taught me".*

*"Listening to our mothers and grandparents about health care".*

*"Using roots, flasks and sitz baths learned from my grandmother and mother, to stop bleeding and other things typical of women".*

As for the individual self-care developed by quilombola women, a strong cultural component is identified, whose knowledge and actions transmitted by ancestors (grandparents, mothers and other older members of the family and / or community) are considered and performed by them in their self-care. .

In this sense, women from the community declared to use sets baths prepared with medicinal plants, roots, and other cultural care in the postpartum period. Such resources are also used to treat some gynecological pathologies, ensuring success in rescuing women's health.

Regarding such cultural action, it is emphasized that self-care should not be related only to the present, as it is intricately linked to the past. Thus, it brings cultural influences learned in the family and in the community, which influence the future attitudes of members of quilombola communities<sup>(14)</sup>.

Therefore, self-care is an action permeated with beliefs, values and cultural background that transcend purely tech-

nical-academic knowledge. Thus, we emphasize that such elements must be considered by health professionals in the art of care-care in traditional communities.

This unveiling corroborates the unquestionable need for better training of health professionals to serve these women with active communication and listening, so that they know how to make cultural negotiations with them, seeking to identify, in the collection of the life and health history of these users, which practices learned from their ancestors who believe in and develop care for their own health, so that professionals can identify possibilities for therapeutic dialogues.

### Self-care from the help of health professionals

*"I try to follow the guidance of the nurse at the health care center regarding keeping the children's vaccine up to date".*

*"I always try to talk to the nurse when I go to the clinic, taking the pressure measurement and doing the tests that the doctor asks for".*

*"One thing I learned and try to do is not to leave the water tank open to avoid the creation of the dengue mosquito".*

*"I don't always follow what they guide me, because sometimes they don't respect our culture as to what we do to take care of health".*

In this category, we can observe two relevant phenomena: some women reported developing self-care considering the guidelines received by primary care health professionals (ESF / UBS). However, most participants pointed out to use self-care actions more vigorously from the teachings and learnings acquired from their ancestors and / or members of the community, a phenomenon legitimized by the various citations regarding the use of homemade teas, roots and

other cultural practices. This fact was also observed during the rounds of conversation and visits to the community.

Generally, women in these communities use care practices based on medicinal plants, religious rituals (blessings), among others learned from their ancestors. Thus, it is noted the importance of professionals to know and respect these cultural aspects when addressing them in consultations.

Traditional communities, due to the strong influence of the natural environment, present different ways of life and culture. Their habits are directly subjected to natural cycles, and the way they apprehend reality and nature is based not only on experiences and rationalities, but on values, symbols, beliefs and myths, and health professionals should consider these factors when dealing with these communities<sup>(15)</sup>.

In traditional communities, medicinal flora constitutes a therapeutic arsenal, as plants have been used for several decades as medicinal sources used in traditional healing preparations in the community, through teas, tinctures, bottles, juices, syrups, ointments, among others<sup>(16)</sup>. In contrast to this, a quilombola stated that he felt disrespected by some professionals regarding the rude approach he received when narrating the health care practices, he developed from his culture. Faced with such an attitude, she did not feel willing to return to the health service.

In this sense, we emphasize that it is urgent and necessary that universities and other training institutions seek, in the process of academic training, to prepare future professionals. For that, the cultural issues (beliefs, values, customs) inherent to traditional communities (quilombolas, in this case, but they can be indigenous, riverside, people from the yard, etc.) to which health service users belong must be considered, aiming at an effective, humanized care and, above all, with respect to peoples in their traditions, knowledge and practices.

## FINAL CONSIDERATIONS

Health care is an action permeated by meanings and meanings (senses), therefore, composed of beliefs, values, customs, affections and worldview of each one, because each person is unique in their way of seeing, living and feeling the life and the world in motion. Thus, the way in which each individual perceives health and takes care of himself is also unique and singular, this construction being the result of intrafamily and social relationships<sup>(17)</sup>.

These cultural traditions are present in all dimensions of human self-care, a fact legitimized in the speeches and ex-

periences socialized by black quilombola women, who unveiled the depth of their knowledge and actions intertwined with nature and all the wealth it provides to human beings. Quilombola women, in their simplicity of being and living, present the richness of the other, of the collective, of the culture, of the world in movement, enabling us to learn and reflect on the art of knowing how to care for the peoples of traditional communities.

Thus, we consider, based on this study and the unveiled phenomena, that the courses in the health area, specifically in Nursing, seek to develop projects that bring future professionals closer to the knowledge and cultural practices of tra-

ditional communities, enabling potential nursing graduates a training that goes beyond the walls of the university and that takes place in other spaces, where the theoretical abstraction does not happen if it is not alive and is experienced in the daily lives of each subject involved: teacher, student and community.

In this perspective, we emphasize that training in the health area needs to create mechanisms to reduce the symbolic and cultural distance between technical and cultural knowledge, so that what occurs as Leininger called “Cultural Negotiation of Care” occurs and, finally, health is a construction mediation mediated by the nurses' action. ■

## REFERENCES

1. Ministério da Saúde (BR). Política Nacional de Atenção Integral a Saúde das Mulheres. Princípios e Diretrizes [Internet]. Brasília (DF): MS, 2004 [acesso em 18 jul 2018]. Disponível em: [www. http://bvsms.saude.gov.br/bvs/publicacoes/politica\\_nac\\_atencao\\_mulher.pdf](http://bvsms.saude.gov.br/bvs/publicacoes/politica_nac_atencao_mulher.pdf).
2. Prates LA, Scarton J, Barreto CN, Cremonese L, Possati AB, Ressel LB. O olhar feminino sobre o cuidado à saúde da mulher quilombola: Nota prévia. *Rev enferm UFPE on line* [Internet]. 2014 [acesso em 2018, ago 18]; 2:194-8. Disponível em <https://periodicos.ufpe.br/revistas/revistaenfermagem/article/viewFile/9903/10169>.
3. Ministério da Saúde (BR). Portaria n.º 992, de 13 de maio de 2009. Institui a política nacional de saúde integral da população negra, uma política do sus [Internet]. Brasília (DF): MS, 2009 [acesso em 10 ago 2018]. Disponível em: [http://bvsms.saude.gov.br/bvs/publicacoes/politica\\_nacional\\_saude\\_integral\\_populacao.pdf](http://bvsms.saude.gov.br/bvs/publicacoes/politica_nacional_saude_integral_populacao.pdf).
4. Prestes CRS, Paiva VSF. Abordagem Psicossocial e Saúde de mulheres negras: Vulnerabilidade, direitos e resiliência. *Rev Saúde Soc* [Internet]. 2016 [acesso em 10 ago 2018]; 25(3). Disponível em: <http://www.scielo.br/pdf/sausoc/v25n3/1984-0470-sausoc-25-03-00673.pdf>.
5. George J. B. Teorias de Enfermagem: os fundamentos a prática de enfermagem. Porto Alegre: Artmed; 2000.
6. Leininger M. Transcultural nursing concepts, theories, research & practices. Madrid: McGraw-Hill; 1995.
7. Bardin L. Análise de conteúdo. São Paulo: Edições 70; 2011.
8. MerleauPonty M. Fenomenologia da percepção. Tradução de Carlos Alberto Ribeiro Moura. 3. ed. São Paulo: Martins Fontes; 2006.
9. Freire P. Pedagogia da autonomia. São Paulo: Paz e Terra; 1996.
10. Ribeiro H, Assunção JV. Efeitos das queimadas na saúde humana. *Estudos avançados* [Internet]. 2002 [acesso em 10 ago 2018]; 16(44):125-148. Disponível em: <http://www.scielo.br/pdf/ea/v16n44/v16n44a08.pdf>.
11. Pinheiro TM, Faria PH, Silva NE, Silvan JM. Agrotóxico e trabalho: uma combinação perigosa para a saúde do trabalhador rural. *Ciência & Saúde Coletiva* [Internet]. 2005 [acesso 2019 mai 08]; 891-903. Disponível em: <http://www.scielo.br/pdf/csc/v10n4/a13v10n4.pdf>.
12. Joshi K, mahendran R, Alagusundaram K, Norton T, Tiwari BK. Novel disinfectants for fresh produce. *Trends in food science & technology* [Internet]. 2013 [acesso em 01 abr 2019]; 34(1):54-61. Disponível em: <https://reader.elsevier.com/reader/sd/pii/S0924224413001830?token=90366BD76DF556FB8ACDFC8045AB6A242A012216835AC9308C5D2FDBD80A20C3A7480595A2BA0A7A2A2AE54A3E79166>.
13. SAarno F, Claro RM, Levy RB, Bandoni DH, Monteiro CA. Estimativa de consumo de sódio pela população brasileira 2008-2009. *Rev Saúde Pública* [Internet]. 2013 [acesso 2018 dez 15]; 572-78. Disponível em: <http://www.scielo.br/pdf/rsp/v47n3/0034-8910-rsp-47-03-0571.pdf>.
14. Andrade JS, Barroso BYC, Santos FAZ, Lima GS, Lopes TCR, Oliveira FBM. Capacidade de autocuidado em saúde na população negra quilombola. *ReonFacema* [Internet]. 2016 [acesso em 2019 mar 18]; 2(4):291-296. Disponível em: <http://www.facema.edu.br/ojs/index.php/ReOnFacema/article/viewFile/160/66>.
15. Monteles R, Pinheiro CUB. Plantas medicinais de um quilombo maranhense: uma perspectiva etnobotânica. *Biologia e ciências da terra* [Internet]. 2007 [acesso em 01 abr 2019]; 7(2): 17-37. Disponível em: <http://joaootavio.com.br/bioterra/workspace/uploads/artigos/etnobotanica-518178b5ca552.pdf>.
16. Franco EAP, Barros RFM. Uso e diversidade de plantas medicinais no Quilombo Olho D'água dos Pires, Esperantina, Piauí. *Rev. Bras. Pl. Med.* [Internet]. 2006 [acesso 2018 Dez 15]; 8(3):78-88. Disponível em: [http://www.sbpmed.org.br/download/issn\\_06\\_2/artigo12\\_v8\\_n3.pdf](http://www.sbpmed.org.br/download/issn_06_2/artigo12_v8_n3.pdf).
17. Martinho NJ. Sentidos e significados de educação em saúde a partir da homeopatia popular: Uma compreensão fenomenológica. [Tese]. Cuiabá, Universidade Federal de Mato Grosso – UFMT; 2014.