

Meanings of Health Care Assigned by Quilombola Women

Significados Atribuídos por Mulheres Quilombolas ao Cuidado à Saúde

Significados Asignados por Mujeres Quilombolas el Cuidado de la Salud

Lisie Alende Prates^{1*}, Andrêssa Batista Possati², Marcella Simões Timm³, Luiza Cremonese⁴, Gabriela Oliveira⁵,
Lúcia Beatriz Ressel⁶

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ABSTRACT

Objective: Herein, we have aimed to gain knowledge regarding the meanings of health care assigned by a community of quilombola women. **Methods:** It is a qualitative research with anthropological approach in quilombola women. The data obtained by the focus group technique were submitted to content analysis according to the operative proposal and interpretative anthropology. **Results:** The health care meanings assigned by the quilombola women are related to work, feeding, physical activities and actions to prevent diseases, such as subjecting to medical examinations and practicing safe sex. **Conclusions:** This study showed that the health care meanings assigned by the quilombola women are considered cultural products, which must be understood within the context that they were developed and observed from a cultural perspective.

Descriptors: Women's health, African continental ancestry group, Cultures.

¹ Nursing Graduate. Ph.D. student enrolled in the Nursing Post-Graduate Program at the Universidade Federal de Santa Maria (UFSM). Prenatal Care Nursing Specialist. Post-graduate student of the Obstetric Nursing Specialization. Nurse at the Hospital Universitário de Santa Maria.

² Nursing Graduate. Master's student enrolled in the Nursing Post-Graduate Program at the Universidade Federal de Santa Maria (UFSM).

³ Nursing Graduate. Master's student enrolled in the Nursing Post-Graduate Program at the Universidade Federal de Santa Maria (UFSM).

⁴ Nursing Graduate. Master's student enrolled in the Nursing Post-Graduate Program at the Universidade Federal de Santa Maria (UFSM).

⁵ Nursing Graduate. Master's student enrolled in the Nursing Post-Graduate Program at the Universidade Federal de Santa Maria (UFSM).

⁶ Doctor's Degree in Nursing. Professor of the Nursing Graduation Program and the Nursing Post-Graduate Program at the Universidade Federal de Santa Maria (UFSM).

RESUMO

Objetivo: Conhecer os significados atribuídos por mulheres de uma comunidade quilombola ao cuidado à saúde. **Método:** estudo qualitativo descritivo, com vertente antropológica, realizado com mulheres quilombolas. Os dados foram produzidos por meio da técnica de grupo focal, analisados conforme a análise de conteúdo temática da proposta operativa e interpretados sob o prisma da antropologia interpretativa. **Resultados:** os significados atribuídos pelas mulheres ao cuidado à saúde estão condicionados ao trabalho, alimentação, higiene, atividade física e ações de prevenção de agravos à saúde, a partir da realização de exames preventivos e da prática de sexo seguro. **Conclusões:** os significados atrelados pelas mulheres quilombolas sobre o cuidado à saúde são considerados produtos culturais, que devem ser apreendidos dentro do contexto em que foram construídos e observados sob uma perspectiva cultural.

Descritores: Saúde da mulher, Grupo com ancestrais do continente africano, Cultura.

RESUMEN

Objetivo: Conocer los significados asignados a las mujeres de una comunidad quilombola el cuidado de la salud. **Método:** estudio cualitativo descriptivo, con filamento antropológico, con mujeres quilombolas. Los datos fueron producidos a través de la técnica de grupo focal, analizados según la análisis de contenido temático da propuesta operativa y interpretados bajo el prisma de la antropología interpretativa. **Resultados:** los significados asignados por las mujeres el cuidado de la salud están condicionados en trabajo, alimentación, higiene, actividad física y prevención de enfermedades para la salud, a partir de la realización de exámenes preventivos y la práctica de sexo seguro. **Conclusiones:** los significados asignados por las mujeres quilombolas a cerca de el cuidado de la salud se consideran productos culturales, que deben ser agarrados en el contexto en que fueron construídos y observados bajo una perspectiva cultural.

Descritores: Salud de la mujer, Grupo de ascendencia continental africana, Cultura.

INTRODUCTION

Care has existed since the emergence of life and, with the human evolution, the ways of express it have been differentiating in order to coexist with distinct societies.¹ Currently, care is considered essential to generate, maintain, and promote life, and plays an integral role in species survival, being able to give meaning to the existence of human beings.² Thus, care is part of nature, essence, and constitution of an individual because he needs to be cared for and must care for someone.²⁻³

The term “care” has various undefined meanings as it is related to the personal and subjective perception of each individual.^{1,4} However, some elements can influence the care manifestations,⁵⁻⁶ among which the culture stands out as an aggregated system of socially interpretable symbols, capable of driving behavior, guiding and giving meaning to social world and practice.⁷ The care from culture involves values, customs, traditions and beliefs,

which help an individual to maintain his welfare and face death or incapacity.⁶

It is required to acknowledge, comprehend, interpret and manage the influence on care exerted by different cultures.⁵ Also, the understanding of the care meanings in many social contexts, such as quilombola communities, is fundamental. These communities represent survival and fight spaces, created by racial and ethnic groups during the slave period to praise the black ancestry.⁸

In these communities, women accepted activities that are socially, culturally and economically tied to the role of family and self-caregivers. Thereby, care is perceived as a traditionally feminized act, attributed to women through patriarchal inheritance.⁹ Therefore, gender issues must be taken into account when considering cultural care since these issues compose a system of symbolic meanings that connect sex with cultural content according to social values and hierarchies.¹⁰

This study raised the following research question: “How quilombola women living in an inland municipality of the state of *Rio Grande do Sul*, Brazil, comprehend health care?” To answer this question, we applied the theoretical contribution of interpretative anthropology to determine the various health care meanings assigned by the quilombola women.

METHODS

This study, applied as a qualitative research with anthropological approach, was carried out with 13 women from a quilombola community in the state of *Rio Grande do Sul*, Brazil. The selection criteria covered quilombola women with a minimum age of 12 years (beginning of adolescence)¹¹ living in the community. We used the focal group (FG) technique to collect the data.¹²⁻¹³

Three FG sections were carried out in February 2014. The initial data were obtained through brainstorming with “health care” as the focus theme. Brainstorming is a technique in which each individual in a social group manifest his conceptions about a chosen theme. After the brainstorming section, a few questions were discussed, such as “What does health care mean to you?”, “How does the community apply health care?” and “What do you do to take care of your health in the community?”. Finally, the collected data was submitted to content analysis.¹⁴

We ensure that in this study all guidelines and norms of the Resolution of National Health Council were followed. Also, the Research Ethics Committee approved this study in December 2013, under the CAAE nº 25345113.7.0000.5346.

RESULTS AND DISCUSSION

The results of this study showed that the health care meanings were derived from propositions, beliefs, values and practices within the cultural context of quilombola

community. Three themes emerged from the collected data.

Meanings of health care among quilombola women

Health care was the main theme emerged from FG discussions. We encouraged the participants to express their views about the term “care”, focusing on health care practices, in order to apply successfully the brainstorming technique. This had to be done because the participants could express perceptions beyond the health topic.

The quilombola women in this study see the meanings of “care” and “health” strictly linked to each other. This can be understood as a result of the gender roles built in the community.¹⁵ All members of the community expect women take care of family just because they born women.⁹ The female representation is within social imaginary and is based on sexual differences and cultural conditioning,¹⁰ contributing to establish boundaries and define roles between men and women.¹⁶ Consequently, the collective understanding was that care has the direct relationship with health or with other concepts that have generation or maintenance of health as an end.

I put health (on paper). Health is everything. Health is the priority. (P1)

Without health do not live. That is the main thing (P3)

I also think about the same thing, that health is in first place. (P4)

The meaning of care revealed priorities in quilombola women lives, resulted from cultural and gender construction within the quilombo, and in which social, historical, patriarchal and cultural features are immersed.^{9,17} The presented ideas resulted from stablished relationships, from living together in community, which demands health maintenance as fundamental to manage everyday activities, from personal representations within every one of those women, as well as from gender roles.¹⁵

Regarding the health care meaning, the presented ideas referred to occupancy and work areas in order to emphasize health care as fundamental to do tasks.

Without health we cannot live nor do anything. (P1)

If you are not healthy, you will be a useless person. How are you going to “manage”, work, these stuff? (P5)

The value of health care was related to everyday women tasks and to the possibility of those women to contribute under familiar or community context. This is in good agreement with a study¹⁸ performed with women living in a low income community, in which health care

had been inserted in everyday tasks for both inside and outside of home.

Health care and work were also strictly connected,¹⁹ but in the quilombo, the latter is preferred over the former. At the same time, it is considered that the labor activities contribute to empowerment and appreciation of quilombola women, providing the feeling of gender equality.²⁰ Moreover, these women carry out their activities inside and/or outside home, since as according to another study,¹⁸ there is a concern about subsistence and survival.

To achieve or maintain a healthy life, quilombola women developed careful actions to improve health, feeding, hygiene, physical activities and disease prevention.

The priority is to care about feeding. (P3)

Feeding is also health care. Being with clean hands to make the salad, to knead the dough. If possible, with gloves. Washing hands before cooking, kneading the dough, cutting the vegetables. (P5)

Feeding was understood as an essential and important element in health care. During food preparation, there were some hygiene practices adopted and recommended by women. The culture is able to determine what can be considered food, the way it can be cultivated, harvested, stored, prepared, served and consumed, who will execute these actions and on what moments, etc.^{17,21}

The food in the studied quilombola community was not only nutrition source, but it represented social and cultural values attached to health care. As other study points,²² feeding must be studied and analyzed from social and cultural aspects, which are immersed food meanings, symbols, and rituals that can explain a group culture.

Hygiene raised as a needed measure to prepare food and as an action towards body care. Women understood oral and corporal hygiene as health care to themselves.

Washing hands, brushing teethes. These have everything to do with hygiene. Taking a bath. (P4)

We have care in the way that we need a lot of hygiene in the body. It avoids even an ill. Got it? I put it here, brushing teethes well. Caring of body hygiene. (P5)

The care practices related to hygiene seems to compose the social and cultural role designated to women, not representing any concern regarding the male universe. In this perspective, during many years the women body was considered a locus of illness. Thus, the lack of hygiene would favor disease spreading.²³ A previous work¹⁸ confirms these findings, in which interviewed women expressed that they considered hygiene procedures the same as the health care procedures.

In addition, it is understood that each culture establishes the meanings of cleaning and hygiene, determining the classification and discrimination between what is clean or dirty, as well as what are the practices which entail these conditions. Culture determines how each person visualizes the questions about hygiene and cleaning, and how to represent these aspects in the body.²¹

Some participants of this study connected physical activities to the meaning of health care.

Physical activity, I do it. I have to walk three times a week for about 50 minutes. (P2)

When I'm not lazy, I go out on the road, taking a walk (laughs). (P3)

Physical exercises, at least, I do when I have time, when I don't feel pain. (P5)

Although physical activities are not integrated with the everyday life of all participants, similarly to other studies²⁴⁻²⁶ carried out in different quilombola communities, it is perceived that the physical activities were understood as an activity linked to health care.

Besides health care actions, we also identified actions for disease prevention. These actions involved care related to disease prevention, such as using public toilets, subjecting to medical examinations and practicing safe sex with contraceptives. First, the quilombola women emphasized the care they had when using public toilets.

I hardly go (to public toilets). I've all that. (P3)

Caring about public toilets. We need to be careful about that. So many illnesses nowadays, so many viruses and diseases nowadays. All these things are in all places. (P5)

In addition to conceptions about what is clean and dirty,²¹ there is a major concern about how the latter can lead to health damage. The quilombola women realized that using public toilets is associated to impurity and dirtiness, on which knowledge was built and passed to the community.

Gender is social logic, and as such, it can establish meanings to body, practices, relationships, beliefs and values.¹⁰ As a result, subjecting to medical examinations was an important health care practice for quilombola women.

I'm not old enough (to have a mammogram), so I have to wait. Medical exams, I have it each year. It's essential because they (cancerous cells) grow up. Each year, if we catch something, it grows up. So we have to be careful

about the preventive. You can't forget to do it. That's what I care the most. (P1)

I sincerely don't have mammograms, but I guess I'm not old enough to have it. I rarely have medical exams. I don't care about my own health any longer (laughs). (P3)

We, women, have to be careful about our own body too. You have to have medical examinations and mammograms. Once a year, or whatever it takes. I always warning them: "You girls need to have medical exams". It's required because if the doctor comes here, those who don't do it will have to. Then, the doctor's gonna ask: Why don't you do it? (P5)

A study by Hoga (2002)¹⁸ reported the value of health care actions for disease prevention. However, subjecting to medical examinations was a variable practice for quilombola women. For instance, there was women who were concerned with regularly undergo medical examinations and others that recognized its value but still did not do it. The latter group, in turn, considered themselves careless about their own health.

There was also an understanding of the importance of preventive supervision provided by regular medical examinations, which can be requested by physicians to avoid lack of control over health. The fear that quilombola women showed suggests the existence of an overwhelming power of male physicians over these women and their social place.²³

Regarding preventive actions, sexual activity with contraceptive methods has been highlighted and perceived as care related to the health of women.

You have to be careful about sex too. It's prevention, and that's why we need to care about ourselves. You have to be careful. (P5)

It was confirmed that the awareness about contraceptive methods not only is an alternative to avoid pregnancy, but it also avoids sexually transmitted diseases. Moreover, the speech of a woman reveals her behavior towards sexual intercourse, which differs from one culture to another, and evidences her understanding that she needs to be responsible for this type of care.

The current patriarchal system has forced women to carry out motherhood, home and family responsibilities. However, "external activities" are considered productive and associated with manhood. Since women conceive, the use of contraceptive methods has become their responsibility, limiting the role played by men in contraception.²⁷

Difficulties faced by the quilombola women when taking care of their health

The quilombola women featured the concerns about warranty and/or maintenance of health care as priority. Nevertheless, they experience numerous problems to develop health care.

I wrote health (on the paper) because it's one of the first struggles we have here. (P1)

We have more health problems here. (P2)

One of the major problems in this situation, as in other communities, is the lack of local health care services that fully assists the residents. Generally, black women, including the quilombola women, experience healthcare exclusion and restriction, which delivers biased treatment from prejudice actions, which are often hidden.²⁹

Regarding the participants of this work, the access for health care services was hindered due to precarious transport options and financial conditions.

Although it's not there (regarding the reduced bus schedules), the ticket is very expensive. Twenty (reais) and fifty (cents). Twenty-two (reais) sometimes, depending on the driver's mood. Sometimes, he charges us ten (reais). Last time I went here, he charged me thirteen (reais) and when I got out, he charged me ten (reais). (P1)

The fist struggle we have is going to see the doctor in the city. My husband has an illness and we need to go out, but we don't get a car. We have to ask a neighbor to take us to the city. It has to drive 60 kilometers to get there. (P2)

The bus ticket is expensive. Twenty reais to get there, and twenty reais to come back here. So, it's a total of forty (reais). If there's two (considering two individuals that need traveling to the location of the health care services, such as mother and son), it's eighty (reais). (P5)

The transportation for these women to health care services was complex. The only alternatives were available vehicles of other residents or waiting for transportation provided by the municipality, which traveled twice a week to the location of the health care services and had not any standard charged price.

Thus, it is possible to verify the vulnerability conditions to which quilombola women and their family are subjected. Historically and daily, they face numerous barriers to accessing the health care services and when they can transpose them, they still face other challenges.

In addition to the found difficulties in moving to urban areas of the municipality, the participants also complained about health care services in these areas. They reported not being able to obtain treatment in the

Unidades Básicas de Saúde (UBS) [Basic Health Units] of the municipality because they did not reside in the same coverage area of UBS, the difficulties that they had to travel to UBS, due to established patient care flow, among other reasons.

If you want to get a ticket, you have to get there at four o'clock (am). We had priority. They made an exception for outside people, but not now. Now we go there, get in line and stay there. (P2)

They never make it (an appointment) for the same day. It's so difficult for us who live here. We live far away. It's far away, so we have to get a bus. (P4)

I had to go there for making an appointment, but I couldn't do it because I didn't have the right address in the city, and I live away from the city. You get there, and there's no ticket. You have to stay there to get a ticket and we aren't accepted at the health center. (P9)

The problems that the participants demonstrated resembles that of the presented by women quilombolas from another community.²⁸ They also described the difficulties accessing the health care services due to the geographic distance and the lack of financial resources to pay for the bus ticket.

The historical trajectory of the quilombola women and, in general, of the black women, contains these problems.²⁸ In Brazil, these women bear the social construction in agreement with the genre and racial perspectives,³⁰ which defines women as somebody being subordinate and inferior. Because they are black people, they also carry the myth that their ethnicity is inferior and are in an unfortunate financial situation, which increase their condition and inequalities experienced. These conditions are associated with power relationships, which set the limits of whether black women can achieve certain material or symbolic resources or not.¹⁰

In this study, the participants did not report any prejudice or discrimination which could prevent them from using the health care services. Nonetheless, they reported some concerns and stressed that they had sought care directly in the emergency room of the municipality, where the situation is even worse.

We have to go there to the emergency room, and stay waiting for an appointment. One has to be really bad to get to see a doctor fast. (P3)

Here, in such faraway place, there're so many people who need it. Many people rely on it. It depends on waiting in line. One goes there to make an appointment, comes back again, and after goes there again next week. (P5)

The struggle for the health care services is a historical problem faced by the studied and by other quilombola communities, as well as by the black population in general, which still experiences social inequities.³¹ These individuals share an exclusion and oppression history, which over the years has been observed in inequality situations.¹⁰ Thus, thinking about health care as a collective right implies broadening the focus on the population health care, also considering the ethnic-racial aspects.

Everybody, without any exception or distinction, has the right of accessing the health care services, which will be possible as the current health policies are rethought.³² Actions allowing racial and genre equity are required, which form a set of strategies to promote health and black women empowerment.

The existence of a mobile health care service in a school near the community was referenced. However, the community did not know about the schedule of care. Many times, the residents did not obtain treatment when they arrived at the location of the health care service because the priority was treating the school students first.

We from the community don't have the priority to use it. There're only seven tickets, and these are for the students. Not everyone can use it because are only seven. And the others? There's one hundred students and a few more. Not everyone can use it. (P1)

If there're tickets left, you can take one, but they save them for the students. They go from classroom to classroom, and they count how many students want to see a dentist. I heard the school have a calendar, but they don't mention it. As I live near the road, I can see the bus passing, and if I or my children got a sickness, I'm gonna go to the school with whoever is sick. (P2)

The bus stays at school until about 10:30. They serve us very fast. They give priority to the students. The community has been left out. (P3)

The quilombola women emphasized that the health care service was poor towards both the medical appointments and infrastructure available. Besides, they expressed that the work of the local health care professionals was questionable.

Tickets for the general practitioners are often left out, but their general practitioner is a pediatrician. I find it so funny the same medicine is for the same pain I feel. They give only one medicine. It's only paracetamol for all people (laughs). (P2)

They don't have the required equipment for having a medical exam at the time. They only see a person and ask what she is feeling and so the medicine is coming.

I guess one thinks: "Come on! I'm getting there and they give this medicine". It becomes a routine. (P5)

I took my three (sons), one each day, and all of them got here with the same diagnosis (laughs). The health situation is very poor for us here. (P9)

From the quilombola women's point of view, the afforded care is based on the physician-centered model, in which the care is focused on diseases rather than in an individual or people. Therefore, a standardized and routine care was built, which disregards the individual and its multiple dimensions. The meanings of disease assigned by each person are neither considered, valued, nor comprehended by a care worker, creating problems with the quilombola women.

These women and their relatives specified physical and emotional complaints, which can be constructed by the community values. Although the care workers and the female users do not identify the health care problems in the same way,¹⁷ it is necessary that the beliefs and perceptions of these women be valued during the care process, so that they can be heard and their needs can be answered.

Concerning the lack of credibility of the care worker, the factors that hinder the health care access can be divided into organizational, geographical, socio-cultural, and economic dimensions.³³ It is considered that, in the organizational dimension, quilombola women face wide waiting times for the care and its schedule. Considering the geographical and economic dimensions, the quilombola women experience difficulties arriving at the location of the health care services, and achieving financial resources for the displacement of themselves. Regarding the socio-cultural dimension, health professionals were discredited because the quilombola women believed that these professionals developed a routine and de-personalized care.

Hence, it is considered that all the quilombola women difficulties suggest that the health network organization still weaken the health care actions and services for the Afro-Brazilian population. The managers and health care professionals need to become more committed in order to rescue what is advocated by the National Policy of Integral Health of the Black Population. Furthermore, the management needs to be more responsible for ensuring integrality and equity for the offered health care actions.³⁴

Strategies glimpses to ensure health care

Despite facing numerous challenges, the quilombola women still believed that they will have better living conditions. They listed strategies that they considered feasible and could supply their instant needs.

According to the quilombola women, the insertion of a physician from Programa Mais Médicos (More Physician Program), of the Ministry of Health, was assured by the municipal administration, which would carry out periodical attendance at the community. During the period of data production, they showed many expectations regarding the arrival of this professional.

They say one doctor's gonna come here. A doctor is coming to us, so as we hope for. We hope she come here. She's from "mais médicos" (More Physician Program). They say she's a general practitioner. (P3)

Suddenly, we got this happiness because one doctor's getting here. (P5)

Besides the expectation for the arrival of the physician, they also cited other strategies to comply with the health needs of the quilombo and other families nearby, such as implementing a primary service care.

If only there were a health center. Not necessarily at the community, but nearby. (P1)

If there were health services here it would be fast for us. (P5)

The quilombola women believed in the efficiency and effectiveness of the primary care service. They believed that the opening of an UBS could supply their health needs, producing lower costs and reducing the barriers faced when they try to access the health care services.

A recent study by Marques et al. (2014)³⁵ reinforces that the primary health care represents an effective strategy both promoting health and preventing health damage. Moreover, the primary care it is a means to improve the health status of the individuals, which can play a key role in addressing the inequities of vulnerable populations, such as the quilombola communities.

The quilombola women also emphasized the importance of a community health care agent (CHCA) who were a community resident. One of the participants recalled a period that she lived in a place where CHCAs were working.

It did not have to be just for us here (an CHCA). More people here at the community would be seen. It's something very important too. (P2)

She (the CHCA) made all my appointments. No more struggle. She got here every month, pays visits from family to family. I think the care agent is essential for this place. (P5)

The performance the CHCA was valorized and considered essential. The women expressed the importance of the approximation and the link established between professional and user based, based on dialogical and horizontal relationships. In a study carried out in a quilombola community,³¹ it has been shown that the CHCAs played an important role in the communities and were in charge of monitoring the health condition of the family members. Another study²⁸ showed that the CHCA, being a quilombola, was more committed to his local obligations, while more residents accepted the health care services available.

However, facing the impossibility of implementing a UBS and inserting a local CHCA, the quilombola women selected other alternatives, such as the access of health care services at school or the phone scheduling of health care services in cities.

If there were no health center. So, the bus that comes to school once a month, I wish it come to school and community once a month. (P1)

It'd be so good if I could schedule it here. I wish I could schedule it here and have and see a doctor tomorrow. (P4)

As these women grew in the midst of many difficulties, they realized that many of these strategies could only be implemented in the long term. Because of this, they stressed options that could be developed in the short term, such as capacitating the community people through certificate programs or higher education in health sciences, as well as supplying resources for on-site care.

Giving a hand to someone from this community to train. After I even regretted (for not finishing a technical course in the health area) because it was a worth thing not only for me but for the rest of the community. (P1)

If we had an equipment (sphygmomanometer and stethoscope), or a person who could take the (blood) pressure. (P3)

The concern about women having people in the community who can contribute to the primary or immediate care of the residents has been observed. Many residents remain in the quilombo, while young people leave in search for professional improvement. The hope is that these young people return with new knowledge, which can be merged with the community knowledge to ensure improvements³⁶

CONCLUSIONS

The meanings related to health care can be modified according to social, historical, family and cultural context, in which each person is inserted, and in accordance with genre and race. These meanings result from a personal, unique, historical, and political construction, which reflects on how subjects, and in this case the quilombola women, think, feel, and act in relation to health and life itself.

In the studied quilombola community, care has shown as something present in the women's daily life, since these women seem to be educated for the family and community care. The functions attributed to them were marked in genre and power constructions, which were constructed and instituted in this context.

The health care for the women that have participated in this study was conditioned by the following: work, feeding, hygiene, physical activities and actions for health damage, based on medical examinations and safe sex practices. Moreover, they experience numerous problems in exercising their own health care. The black population generally faces these difficulties, because they have been marginalized over the years by the historiography and the State. Consequently, black women were silenced, suffering from triple discrimination, regarding genre, race and social stratum. Thus, their rights are violated, and this is the cause of numerous social inequities.

The difficulties of quilombola women are related mainly to the lack of transportation, poor financial conditions and difficult access to health care services. These women glimpse better expectations for the future and strategies and short- and long-term strategies to ensure that health care is maintained.

It is essential to expand the view on these women, considering their perceptions, practices, particularities and singularities, within the context in which they occur. It is necessary also to comprehend that the meanings of health care assigned by the quilombola women were constructed throughout history, and are resulted from socio-political relationships of racial and sexist nature, creating their health care practices.

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***Corresponding Author:**

Lisie Alende Prates
Rua Cândida Vargas, 73
Medianeira, Rio Grande do Sul/RS, Brazil
Zip Code: 97 060 100
E-mail Address: lisiealende@hotmail.com
Telephone number: +55 55 99913 4480