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ORIGINAL ARTICLE

UNVEILING THE SELF-CARE OF THE QUILOMBOLA WOMAN

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ABSTRACT

Objective: To unveil the meanings of *quilombola* women's self-care given the social determinants in their territory. **Method:** a qualitative study with a phenomenological approach in the light ofMartim Heidegger's framework, carried out with nine *quilombola* women participating in the *Diretório de Mulheres da Colônia do Paiol*/MG, Brazil, through phenomenological interviews, analyzed with Heideggerian Hermeneutics.**Results:**Four Units of Meaning came up: unveiling the well-being of cohabiting in the territory; social determinants interfering in self-care for health; the low performance of health services, accentuating social inequality; and the importance of the *Diretório de Mulheres* that becomes a social apparatus for rescuing ancestral knowledge.**Final considerations:** *Quilombolas* face daily challenges influenced by social determinants that are accentuated by unequal access to services and actions linked to their right to health, and, in this sense, the *Diretório de Mulheres* appears as a strategy to continue to resist.

Keywords: Women's health. Social determinants of health. African continental ancestry group. Philosophy. Social vulnerability. Health equity.

INTRODUCTION

The Brazilian social stratification was established and conditioned by several factors, among which the political, economic, cultural, and religious aspects stand out, especially those ethnic-racial related. In this area, especially, the remaining *quilombo* communities stand out, which have been going through a series of social and racial inequities, such as those related to difficulties in accessing education, better conditions in the labor market and the provision of adequate and balanced nutrition. Also, it is worth mentioning inequalities evidenced by the institutional racism that interfere in the provision of health equity, leading to the deepening of the factors that cause such populations to physical, mental, social, economic, political and cultural vulnerability[1,2].

Among the various social actors that make up the *quilombola* population, *quilombola* women often find situations of confrontation in the struggle for their rights. Their families experience social vulnerability, which is even more severe than that experienced by the national black population, due to exposure to a series of social inequities, to various forms of violence that need to be reported, such as genocide, epistemicide and institutional racism. Besides these factors, they are ignored in the scope of public policies for health promotion and prevention[1-3].

In this sense, wesoughtto conduct a survey of *quilombola* women from the interior of the *Zona da Mata Mineira*, who organize themselves in a scenario of struggles for better living and health conditions, intending to unveil their self-care in the face of social inequities present in their territory.

METHODOLOGY

A qualitative study, with a phenomenological approach, based on the theoretical-philosophical-methodological framework of Martim Heidegger[4], which allows the researcher to

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describe, understand, from the convergence of the units of meaning analysis, and to interpret the meanings of the phenomena experienced by the being-in the world[5].

The study scenario was the *Diretório de Mulheres Quilombolas* (*Quilombola* Women Association in english) of a *quilombola* community located in the *Zona da Mata Mineira*. This study was appreciated and approved by the president of the *Quilombola* Women Directory called "*De mulher pra mulher"*("From women-to-women" in Portuguese) and by the Human Research Ethics Committee of the Federal University of Juiz de Fora, Opinion n. 2,692,129. The study participants were nine *quilombola* women, members of the *Quilombola* Women Associationwho authorized their participation in the research by signing the Informed Consent.

The production of data took place through the phenomenological interview [6,7], based on the dialogical meeting, qualified between the researcher and the participants, in a relationship of respect for subjectivity, creation of bonds of trust and solidarity build-up at each meeting. In this way, it culminates in the effectiveness of knowing how to listen without judgment, being there in phenomenological time, which enables them to be themselves, showing their feelings and fears. The interviews took place from December 2018 to January 2019. The participants' speeches were recorded on an audio device and transcribed in full, preserving their originality and coded with the letter E followed by the ordinal number according to the order of the interviews from 1 to 9.

For the analysis of the statements, the Heideggerian framework was followed[4]. Initially, a vague and intermediate understanding was carried out in which, based on an attentive reading of the interview records, it was aimed to highlight the speeches emphasizing the words or phrases that pointed to the same meaning, to highlight the essential structures of the phenomenon, grouping them in Units of Meaning (UM). Then, we started for the second methodical moment, called Hermeneutics, which enabled to unveil the senses of being by interpreting the phenomenon in the light of concepts proposed by Martin Heidegger[4].

RESULTS

The nine study participants were aged between 22 and 58, all declared themselves black, eight were married, five had incomplete elementary education, three attended Youth and Adult Education and one completed Higher Education. Four had two children; two, three children; two, one child; and one declared that she had none. Eight affirmed to participate in the *Quilombola*Women Associationsince its foundation in 2011, and one has attended the meetings since 2018.

In the first methodical moment proposed by Martin Heidegger[4], the vague and intermediate understanding enabled the understanding of the meanings attributed by *quilombola* women to what they lived, which are grouped into four UM, described as follow:

UM 1: The territory and the influences of social determinants on well-being

Women express their perception bout the place where they live, stating that it is quiet there and they find an environment of warmth and friendship. There is a feeling that they are one big family, making a collective network of social support, trust, protection, and well-being. However, alcohol and drug use, the absence of leisure spaces, the lack of jobs and the intensification of violence in the community have affected their and their familieswell-being, generating feelings of concern, fear, insecurity, boredom, deception, and depression.

> Living here in the community is peaceful, just like here, everyone is a relative, you know, so we live well, one needs, the neighbor helps, if I need it, they come and help me, so this is what living together is, makes it nice to livehere [...] what gets in the way is when the children use drugs, the mother stays at home sad and worried, you know, we get sad, it makes us depressed, if you have no God, my son, it is so heartbreaking**(E1)**.

> [...]I usually complain about leisure, there is no weekend, to go for a walk, wherewill we go? There are only bars here, this part is also bad **(E3)**.

> [...] There is no work, those who are born here just leave because of work, if there were such things here, nobody would need to be outside, in fact a lot of problems here would be solved **(E6).**

> I'm only sad today because I see that violence is growing, I used to leave the house, leave it all open, today there is no safety, we are afraid. There is also the addiction to drinking, which has grown a lot here, the drugs (E9).

UM2: The impact of the family in the women's daily lives and women in the centrality of care

When meaning what is lived, women recognize that the care of their loved ones is centered on their responsibility, generating a feeling that is mixed with obligation and concern, and they end up, therefore, promoting their care needs and neglecting their self-care. Those whose husbands are unemployed complain of greater work overload and worry, but there are also those whose husbands work all day and, when they get home, do not worry about household chores.

> My mom can't bear walking, so I'm the one who takes care of the house, I'm the one who takes her to the doctor, sometimes I stop doing my things to do hers, she's my mother, she gave me the life, so whatever I can do, as long as I can, I'll do. People here at the health center, tell me: you are so worried about your mother, with your husband, because he has had a heart attack twice, that you forget about yourself, you'll die, and they will stay. But I'm like this, what can I do?It's the same with the kids, I say, I want to do it for them, but I don't want them to do it for me **(E1).**

> Things, at home sometimes, are very difficult, we are mothers, we must worry about the children, he does nothing wrong here. But at school you must keep an eye on, he wants to date, you must keep an eye on. My husband is also trouble, he is unemployed, you know **(E3).**

> [...]I see that I must take better care of myself, my son wears me out a lot, he's at that stage that needs me a lot. Sometimes I think a mother had to split into a thousand, you know! [...] A husband is something else, we always have to worry, sometimes he spends the whole day working, and when he comes back, does not help at all with housework **(E9).**

UM3: The reality of local health care and the effects on health care

Quilombola women sometimes associate that the promotion of health care depends on what is offered to them by the Unified Health System (SUS) and recognize that there is a local shortage of health services causing them to be referred for care in close cities. In urgent cases, they resort to the Mobile Emergency Services (SAMU) or their neighbors. Their perception is that only when they have chronic diseases or a geneticdisease, they need to take care of themselves. Sometimes they resort to ancestral knowledge from their elders about the use of herbs and medicinal plants, however, when they believe the case is severe, they seek the medical service in the city.

> Here in the community if we are sick, there is not much to do about it, there is no hospital nearby or anything. [...] I wish there were a hospital here in the community, to take care of everyone's health. [...] I make tea, these things, we always ask someone older, which is better: lemongrass, fennel, orange peel ... When we are feeling a stronger pain, we run to the city **(E2).**

> I have difficulty staying on a diet, I have high cholesterol and diabetes, what I have I know it isgenetic, because I know that my mother had, my sister has, my son already has, there is no escape [...] **(E3).**

> I like my plants, but I go to the doctor when I need to [...] **(E7).**

> Oh, this is more difficult, because if we feel something, it's like, if I don´t feel good at night, I have to find a nephew, a neighbor to take me, there is no emergency room, is it what they call it? Right? Although we get there (in the city), they call SAMU and takes us to another city **(E8).**

UM 4: The importance of the Women's Association in caring for *quilombola* women

Women signify their participation in the *Quilombola* Women Directory as moments of joy, leisure, dialogue, information and learningexchange, which favors them in facing problems, improves self-esteem, besides being a moment of amusement.

> [...] we talk about us, you know, you have to take care of yourself, like doing Pap smear screening, doing breast CT scans. Here, *some women don't*liketo do it, then, there we have space to talk. [...] we look for young girls, explain things, like early pregnancy. [...] we tell them to avoid it

> because they are still young, she doesn't have a husband, it's time to go to school and not give to give the baby to her mother to take care of **(E1).**
>
> I think it contributes to everything, the health of the whole body. So, being in the group, we make friends, there is always someone to help us when we need it, on top of being able to leave the house for a while. [...] it's a time for us to take a break **(E2).**
>
> [...] it helps and helps a lot, because there I'll be talking to you and the other women, learning about things we don't know yet, haven't discovered yet, [...] then one's problem can be mine too, then it helps me to improve my health and, with that, I can start using what they tell me there. And it's coming out, right! **(E3).**
>
> Going to the meeting is good, just like us, I mean, from the association, you have to have this, it is part of the rule, a moment that quilombola women gather to talk about problems, [...] It was supposed to be an event here every second Saturday, is in the statute, but sometimes there is no reason why.Too bad the people themselves get discouraged **(E4).**
>
> The association works on self-esteem, you know, to want more, to prevent disease, not being a normal disease, but also a mental disease **(E7).**

DISCUSSION

In the present work, we found *quilombola* women exposed as being-there to the social inequities present in their territory, that is, launched into the world in a reality that was not established by them. They are exposed to facticity[4] which, in the improper way of everyday life, could not be avoided at the expense of their own will.

It is possible to understand that the *quilombola* territory itself is constituted by material and symbolic aspects apprehended throughout the socio-historical formation process, the cultural survival of the traditions and appropriation of this given space[8]. Thus, the reality known and experienced by *quilombola* women, is shaped by several factors that go beyond the dynamics of the community's daily life, since they result from the replication of a complex game of social relations and power that are present there, interfering in the way of life of these beings.

In the study participants'speeches, when they see themselves launched into the world, face a dichotomy of feelings towards the place where they live. This is because, in the same way that they report feeling happy, welcomed by the community with which they coexist in this territory, they also live with the uncertainty of improving basic living conditions, complaining about the lack of leisure areas, the increase in the number of young drug users, the rise in the rate of violence and the limited job offers. In turn, these aspects are constituted as behavioral and lifestyle factors that are linked to the understanding of the rules belonging to a historical-cultural context[9] that expresses its values, principles, customs, way of life and the way they take care of themselves.

Quilombola women highlight the difficulties they face in accessing health services when they need them, as the city does not have specialized, clinical and laboratory services, nor does it offer urgent-emergency care. To have access to the health service, they need to travel to the nearest cities, to be able to do medical examinations and consultations. However, because they are referred for medical care in other locations, these women dependon third parties for such transport, since SAMU is unable to reach their homes, which burdens the family budget, as they are forced to afford their stay to the referral location.

Furthermore, it is known that other socio-economic and political factors interfere in the usefulness of health services by these groups, such as the poor basic sanitation and water supply, the absence of health professionals working periodically in the territory, which both delays and conditions the access to such services by commuting to the nearest cities. Furthermore, the issue that they still live with the fact that many of the professionals who assist them ignore the ways and instruments that *quilombola* communities commonly use in their daily care practiceis highlighted[10].

This, consequently, is a reflection of the non-compliance with the guiding principles that support the SUS proposal such as those of integrality, universality and equity, as it portrays how there are difficulties to meet and offer basic services to such groups, which has been affecting their full use of right to health. It is appropriate to refuse the idea that *quilombola* women are triple oppressed[11,12], in which the

oppression of being a woman must be associated with the fact that she is black, from a social class with low financial resources and living in a rural area.

Quilombola women experience intersectionality[13], that is, discriminatory systems of both social and political oppression, of class, race, and gender that intensify inequities[14], which, consequently, reduces the chances for the full exercise of their citizenship. Intersectionality expends energy from these women and reinforces the need for unity, for a collective struggle in their varied ways of resisting and in the most diverse spaces of power[15].

In the experience reports of being a *quilombola* woman, it noticeable how the impact on her way of life is prominent, since the care for the other, sometimes, stands out for over self-care. Family ties are present among its members, since their social and historical formation refers to the descent of four families of ex-slaves, which influences their decisions, their lifestyle, their preferences, and their behaviors. For this reason, too, women rely on each other, in the improper way of the other, causing them to disperse themselves and remain inauthentic[4]. They end up becoming what others say and expect them to be, which, therefore, contributes to the absence of self-care.

For *quilombola* women, care goes beyond the family environment, as it is also shaped and promoted in favor of the collective, since they connect themselves with others there and have feeling they belong in that place[4]. Caring and being cared for are understood from a collective perspective, that is, from and to the other, since *quilombola* women seek to serve the needs of the family first, which sometimes extends to the neighborhood instead of their own needs . However, it is in this scenario that the *quilombola* woman recognizes herself as the one responsible for exercising care as her main task, requiring herself to develop care related to health promotion and disease prevention to be able to dedicate herself to taking care of the familyand the collective.

The interrelationships of kinship and help experienced by these women show how social interaction between members of the community is a crucial assumption for the promotion and protection of individual and collective health[8-16].

The being-there that constitutes the *quilombola* woman presents itself in different features, since she is responsible for the replication of knowledge and practices from black ancestry, who takes care of the chores of the house and children, supports family members and neighbors, as well as exercises socio-political leadership in the community. The act of taking care of health is built and constantly changed according to sociocultural issues and practices experienced by *quilombola* women, in which the daily experiences process and ancestral learning, acquired from their ancestors or the elderly in the community, such as the use of plants, teas and medicinal herbs, are present in the way they see and exercise care for themselves and their loved ones.

However, the medicalization of care becomes the choice, because, by relying on medical knowledge to cure their ills andthe sense of care on health professionals, they end up abandoning the ancestral teachings and are subjected to the power of the drug industries. Also, they do not find health professionals whoappreciate this knowledge, but professionals involved in protocols that lessen traditional knowledge, denying the exercise of the right to health by such populations[17].

In the same way, it is observed that there is also a lack of knowledge by the *quilombola* communities about public policies aimed at this population and that constitute their right to health. Therefore, they face daily difficulties arising from the structural conditions of the service, as well as problems in access to the public service, which is revealed as a form of exclusion[18]. In this scenario, there is a need for management mechanisms to respect their ancestral practices and knowledge, guarantee the participation of their representatives in the contexts of monitoring actions and the urgency of establishing goals and guidelines to guarantee the principle of equity and improvement its health indicators, and the care process and management organization, seeking, jointly with the federal government, an increase of 50% of the budget to meet their demands[19,20].

The fact is that the public health supply is concentrated in the headquarters of the municipalities, based on the demand of

professionals and managers, not users, reinforcing the situations of vulnerability to which the *quilombola* communities are exposed, at the risk of becoming ill or dying due to historical, cultural, socioeconomic issues. This shows a reflection of invisibility and racism[20,21] in the access to public policies which, in the historical framework, are organized and concerned with anofferincrease, and not with the access of users.

Quilombola women, by accepting self-care, make the world be an excessive burden of new tasks and concerns for them, causing exhaustion and tiredness that generate illness[22]. For these women, care is seen beyond an act, which requires not only a moment of attention, devotion, and affection, but represents, an occupation, concern, and responsibility with the other. This, in turn, also brings a series of concerns and losses on the part of the caregiver, like it because it both rules out taking care of oneself to be available to the other, as it can generate later physical and psychological wear the one who makes such a commitment.

In this sense, the occupation sometimes leads these women to deterioration[4], as they report that they neglect themselves, despite recognizing the need of such an action to keep their daily tasks and activities. Thus, the care of the other stands out before the self-care, thus causing forgetfulness of oneself, since, for them, such action becomes apriority and extremely important for the well-being and quality of life of their family structure.

The*quilombola* woman being daily demands that this woman plays a leading role in her community, since they are the ones who mobilize, articulate and organize doing and acting, a symbol of the resistance of this *quilombola* community, in addition to being a reference in the family and collective context. Therefore, they are the ones who get involved in the confrontations and seek to solve the problems that arise, which directly affects their way of life. There is such involvement, as she, when reflecting on her condition, finds herself worn out, pressured to take on such tasks, even denying self-care, to maintain the socially defined balance of the family structure and the community itself.

By unveiling the sense of self-care for *quilombola* women in the face of social inequities present in their territory, the perpetuation of moral and gender discrepancies between the responsibilities and tasks defined in the social core that must be exercised by them and by *quilombola* men. Therefore, it seems that the division is established as if the outside work was their responsibility; women, on the other hand, are responsible for the care of the family and the community.

Such socio-cultural structures confirm the perpetuation of sexist and sexist relationships, which go beyond the generations and constitute the dynamics that continue to be reproduced within the *quilombola*community. Thus, they are constituted in power relations immersed under the prism of intersectionality, portrayed in our society not only from the gender, class, race, ethnicity issues, but that end up being arranged as a tacit agreement, naturalizing such forms of oppression[23].

Power forms are a complex process by which *quilombola* women can be both dominated and dominating. When dominated, they may suffer oppression from latent domination processes directly affecting their quality of life and the ability to promote self-care. As they actively act to build bonds of solidarity, they become dominators, resisting through their doing and acting, offering, and receiving support from other women and neighbors who share their surrounding world.

In this context, being-there manifests itself when these women realize that care becomes less stressful and smoother, when they are in contact with other women belonging to the Women Association "*De mulherpramulher"*, who have a connection through respect, companionship, friendship and caring for each other.

Therefore, in these group meetings, it is possible to highlight the dimension of care provided by the women themselves, which provokes an ontological sense of care, and goes beyond what they can perceive and understand, since they recognize it as a way of self-care. These are the moments of the Association's meeting in which they share what they have learned from their ancestors, that is, they expose the knowledge and practices that were built and passed on by their mothers, grandparents and

other members of the *quilombola* community.

The participation of these women in the *Quilombola*Women Associationstrengthens the dynamics of care practices, since they are built and reproduced from the exchange of ancestral knowledge with those from daily experiences and the scientific knowledge that permeates the biomedical model. In this way, such an environment becomes an essential tool for them to focus on themselves, that is, to dedicate scarce time to take care of themselves and, at the same time, also take care of each other, from the approach and the dialogue between them. The meetings are sources of support, welcome, exchange of experiences, the rescue of memories of family and cultural life[24]. In this sense, in the *Quilombola* Women Association, care is experienced as the act of understanding the other's need[4].

*Quilombola*women make use of alternatives to reduce the socioeconomic inequities they are subjected to, to continue theircare practices and, thus, ensure that their family and community can enjoy a good quality of life and well-being[25]. The essence of presence is in existence, which, consequently, transforms her into a composition of herhistoricity[4]. Therefore, the dynamics of existing as a *quilombola* woman is a rescue of her past and her ancestry, in a constant search to find the strength to continue resisting, as she perceives this process as the only alternative she has when facing her reality. This, in turn, determines the ontological construction proper of being a *quilombola* woman: one that does not give up, but persists, even if giving up self-care and desires in favor of the collective.

FINAL CONSIDERATIONS

It is noteworthy that there are obstacles in access to information and the applicability of public policies aimed at such populations, especially considering the difficulties faced in guaranteeing access to health services, for example in the perception of the scarce presence of professionals from the Family Health Program, including the Nurse, in the community itself. This contrasts with the way *quilombola* women continue to replicate a perception that "being healthy" is linked to the procedures and instruments developed from a biomedical perspective, whether going to consultations, undergoing exams and medical monitoring.

Quilombola communities face challenges to ensure equitable access to services and actions linked to their right to health, based on the perception of social inequities present in their territory and the influence they have on the health-disease process of this population. Opposing this perspective is the ancestral knowledge, which in their daily practice is being revealed, showing, therefore, that such groups develop new resistance strategies against the hegemonic determinism of medical knowledge. There is a clear need for a paradigm change in which local culture and ancestry are understood as a healing medicine to be appreciated. For this, the professionals involved in assisting *quilombola* communities need to recognize that in the process of self-care in these communities there is a knowledge that needs to be valued and incorporated into their cultural care guidelines and practices asmore democratic, plural and equitable means of health promotion.

O DESVELAR DO CUIDAR DE SI DA MULHER QUILOMBOLA

RESUMO

Objetivo: desvelar os significados do cuidar de si das mulheres quilombolas frente aos determinantes sociais presentes em seu território. **Método:** estudo qualitativo de abordagem fenomenológica à luz do pensamento filosófico de Martim Heidegger, realizado com nove mulheres quilombolas participantes do Diretório de Mulheres da Colônia do Paiol/MG, Brasil, mediante entrevistas fenomenológicas, analisadas com a Hermenêutica heideggeriana. **Resultados:** Emergiram quatro Unidades de Significação: o desvelar do bem-estar da convivência no território; os determinantes sociais interferindo no autocuidado à saúde; a baixa funcionalidade dos serviços de saúde potencializando a desigualdade social; e a importância do Diretório de Mulheres que se torna aparato social de resgate dos saberes ancestrais.**Considerações finais:** Os quilombolas enfrentam desafios cotidianos influenciados pelos determinantes sociais que são acentuados pela desigualdade do acesso aos serviços e às ações vinculadas ao seu direito à saúde, e, nesse sentido, o Diretório de Mulheres aparece como estratégia para continuarem a resistir.

Palavras-chave: Saúde da mulher. Determinantes sociais da saúde. Grupo com ancestrais do continente africano. Filosofia.Vulnerabilidade social.

EL DESCUBRIMIENTO DEL CUIDAR DE SÍ DE LA MUJER QUILOMBOLA

RESUMEN

Objetivo: descubrirlos significados del cuidar de sí de las mujeres quilombolasante los determinantes sociales presentes en su territorio. **Método:** estudio cualitativo de abordaje fenomenológico a la luz del pensamiento filosófico de Martim Heidegger, realizado con nueve mujeres quilombolas participantes del Directorio de Mujeres de la *Colônia do Paiol*/MG, Brasil, por medio de entrevistas fenomenológicas, analizadas con la Hermenéutica heideggeriana. **Resultados:** surgieron cuatro Unidades de Significación: el descubrir del bienestar de la convivencia en el territorio; los determinantes sociales interfiriendo en el autocuidado a la salud; la baja funcionalidad de los servicios de salud potencializando la desigualdad social; yla importancia del Directorio de Mujeres que se vuelve una herramienta social de rescate de los saberes ancestrales. **Consideraciones finales:** Los quilombolas enfrentan desafíos cotidianos influidos por los determinantes sociales que son acentuados por la desigualdad del acceso a los servicios y a las acciones vinculadas a su derecho a la salud, y, eneste sentido, el Directorio de Mujeres aparece como estrategia para continuar a resistir.

Palabras clave: Salud de la mujer. Determinantes sociales de la salud. Grupo de ascendencia continental africana. Filosofía. Vulnerabilidadsocial.

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