


Capítulo 97

The Intersectionality Of Quilombola Woman And Her Needs Of Care: Evidence Of Scientific Literature

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ABSTRACT

Objective: To identify essential elements that outline the needs of care and health of quilombola

women, from the perspective of the intersectionality of gender, race, body and politics, evidenced in the scientific literature. Method: This is an integrative review of the literature, whose search was made in the databases: VHL, EBSCO, LILACS, SciELO, MEDLINE, Web of Science, Scopus, Applied Social Sciences Index & Abstracts (ASSIA) and in the Brazilian Digital Library of Theses and Dissertations and Portal of CAPES Journals. The descriptors "Quilombola Woman", "Black Woman", "Vulnerability", "Health", "Health Conditions of Ethnic Groups", "Care Practices", "Self-Care", whose combinations were used with boolean operators AND and OR. Inclusion criteria were: articles, theses and dissertations available free of charge in databases for full reading in Portuguese or English, derived from research conducted in Brazil and published between 2008 and 2018. Publications in editorial format, debates and reviews were excluded. Results: Twenty-three publications inserted in national databases were analyzed, which outlined the memories of the ways of life of quilombola women, pointing to the saga of resistance and the fight against racism, patriarchy, sexism, lack of access to health and disrespect for their cultural practices of care throughout the ten years of the National Policy of Integral Health of the Black Population. Conclusion: The publications indicate the social inequities experienced by quilombola women, a reflection of the daily oppressions generated by intersectionality, requires greater attention from health policies and social rights.

Keywords: Sexual and Gender Minorities; Public Policies; Women's Health; Unified Health System.

1 INTRODUCTION

Data released by the Brazilian Institute of Geography and Statistics (IBGE), in 2022, indicated that about 207,750,291 million inhabitants live in the country, of which 51.1% of the Brazilian population is women. Of these, 14.2 million self-declared white, 6.9 black, 1.1 yellow, 41.4 brown and approximately 408,000 are indigenous. Women are the main users of the Unified Health System (SUS) (Brazilian Institute of Geography and Statistics, 2019, Brazilian Institute of Geography and Statistics, 2021).

In addition to social, economic and gender vulnerability, quilombola women experience on the skin the oppressions generated by the intersectionality of their daily lives, expressed in ethnic-racial inequality, racism, patriarchy, sexism, lack of access to health, gender asymmetries, institutional violence and especially in the mischaracterization of this woman as a being of contrary to the principles of the health system, which advocates being unique, universal and egalitarian. It is inferred that ethnic-racial and gender equality are structural in the health system, however, racism prevents todos from being treated equally. Thus, such inequalities are major obstacles to access to health promotion and prevention actions for black women, which has impacted on living conditions and the disease process (Prestes & Paiva, 2016; Werneck, 2016; Paranhos, 2016; Grossi, Oliveira & Oliveira, 2018; Souza, Silva & Costa, 2019; Fernandes, Galindo & Valencia, 2020; Santos et al, 2021; Birth, Arantes, Oak, 2022).

Black women, of quilombola ethnicity, have difficulty access to basic health services and effective public policies to overcome inequalities that remain persistent, being evidenced in the most distinct aspects of life of this population. The right to quilombola health brings with it the need to incorporate, to practices, the knowledge and experiences acquired by each subject in its territory, to unveil weaknesses and concomitantly leverage tools capable of strengthening and boosting strategies of struggle. Thus, it is expected to overcome the dichotomy between academia and traditional knowledge, as well as promoting the contact of this knowledge, in order to contribute to an effective promotion of care and health, in favor of their rights, respecting the specificities and singularities that characterize them (Durand, 2016; Durand, Heidemann, 2020, Brazilian Institute of Geography and Statistics, 2021).

This review aimed to carry out a theoretical-conceptual search in the national literature, in the years 2008 to 2018, about the social and political context of what it is to be a quilombola woman and her health care needs from the perspective of intersectionality gender, race, body and politics, and systematize the main axes of analysis found. It is expected to provide important information about the visa and the not seen in the reality investigated, besides favoring new possibilities of investigation and planning of health actions, which may impact on health promotion, as well as on the defense of the rights of these women to access to health services and greater visibility in public policies.

2 METHODOLOGY

This study refers to an integrative review of the literature, which consists of synthesizing the results of empirical and theoretical studies related to the guiding question of the study, besides guiding the search for this literature in a systematic way, requiring a rigorous and orderly method of searching, analyzing and synthesizing the data. It is organized in six stages: 1) formulation of the guide question, 2) identification of pre-established criteria for the bibliographic survey, 3) definition of terms to be extracted from the selected studies, 4) critical evaluation of the included studies, 5) categorization of studies/data analysis and 6) presentation and synthesis of the results (Casarin, et al. 2020; Sousa, et al., 2018).

For the elaboration of the research-guide question, the mnemonic P (population) C (concept) C (context) (Melnik & Fineout-Overholt, 2011) was used. From these components, the following question was elaborated in the review "What is the scientific knowledge published about the health of quilombola women in the Brazilian social and political context, based on the categories of self-care, vulnerability and access rights to health? "

Table one. P-C-C mnemonic used in integrative review

Population (P)	Maroon women
Concept (C)	Health, self-care, vulnerability and access rights to health
Context (C)	Publications resulting from research conducted in Brazil

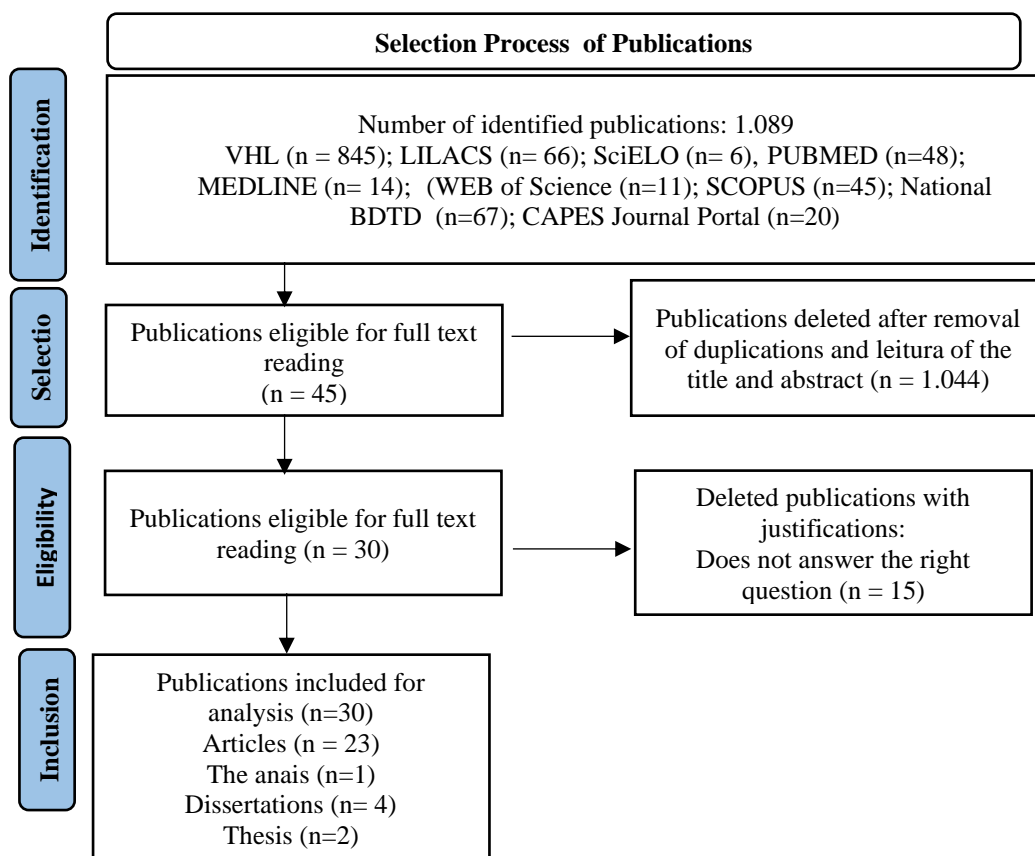
Source: Authors

Inclusion criteria were: studies that answer the guide question, including the annals, articles and theses, in Portuguese and English, published between January 20, 12 and December 22, fruit of research produced in the Brazilian scenario, with free access and available in full for reading. Publications in editorial format, debates and reviews were excluded.

The bibliographic survey was conducted from December 2021 to January 20 22 and included the following databases: VHL, Lilacs, SciELO, PubMed, MEDLINE, Web of Science, Scopus, National BDTD and CAPES journal portal. The descriptors used were: women's health, health, vulnerability, health promotion, right to health, access to health services, care practices. Specific indexing terms (*Medical Subject Headings* - MeSH) were used in the search strategies; Descriptors in Health Sciences - DeCS) and Boolean markers "OR" and "AND".

Figure 1 describes the entire process performed for identification, selection, eligibility and inclusion of publications, according to the exclusion criteria and inclusion of the records selected to integrate the final analysis of the research material.

Figure 1. Flowchart of the selection process of the articles, based on the RECOMMENDATION PRISMA.



Source: Adapted from prisma figure, 2023 (PAGE et al.2021).

In the first stage the studies retrieved in the databases were exported to a reference manager (ENDNOTE software web version), where the removal of the duplications was performed and the title and abstract were read by a reviewer, after the selection, already in the second stage the texts were read in full considering the exclusion of studies that did not meet the eligibility criteria. At the end, the included studies were read in full by the lead author and reviewed by a co-author. The disagreements were resolved by consensus using the predefined inclusion and exclusion criteria and, in the case of disagreement, the final decision was made by a third reviewer. Next, the publications were grouped and categorized. The following are the categories constructed, referring to the state of the art (Sousa, et al., 2018).

3 RESULTS

A total of 1.089 records on the subject were identified in the databases searched and, after the exclusion of duplicates, 57 records were screened. At the end of the full reading of 45 publications distributed in the databases VHL, Lilacs, SciELO, PubMed, MEDLINE, Web of Science, Scopus, national BDTD and CAPES journal portal., 30 of them were included in the analysis.

Table 2 presents the indexed articles, eight (35%; 8/23) were published in journals in the Southeast Region, followed by published in the Northeast Region (30%, 7/23), five in the Southern Region (22%, 5/23), two in the Midwest (9% 2/23) and one was published in a spanish journal (4% 1/23). Twenty-three

indexed scientific articles were considered, one publication in scientific event anais, four dissertations and two thesis.

Regarding the scenario of the studies, 29 were conducted in quilombola communities, 12 in communities located in the Northeast region, 11 in the South Region, three in the Southeast region and three in the Northern Region of the country. It is worth mentioning that a study was not a field research, and the same author, in addition to disclosing his dissertation, published the results of his research in four different journals (Chart 1).

Among the scientific articles indexed according to the year of publications (Chart 1), there was a higher incidence (61%) in the year 2013 to 2018 (14/23) and 39% were published in the years 2019 to 2022 (9/23).

Regarding methodological approaches (Chart 1), the research designs found were: qualitative research (73.3%; 22/30), quantitative research (20%; 6/30), quantitative-qualitative research (3.3%; 1/30) and literature review (3.3%; 1/30). Regarding the sources used for data analysis, those of the type of content prevailed (56.6%; 17/30), descriptive (26.6%; 8/30) and theoretical (16.6%, 5/30).

Within the 30 selected publications (83.3%; 25/30) primary sources were used through interviews, questionnaires, focus groups and culture circles. In one article (3.3%; 1/30), secondary sources were used, including literature searches for documents in public databases. The other four publications (13.3%; 4/30) used both primary and secondary sources (Chart 1)

Table one. Selected publications according to authors, year of publication, type of journal and location of the study scenario period 2012 out of 2022

Article title	Type of publication - Journal (State)	Study scenario	Research design - Data collection technique	Type of analysis
Socioeconomic and health characteristics of a group of women from a quilombola community (Prates, <i>et al.</i> , 2018a)	Article - Revista Mineira de Enfermagem (Minas Gerais)	Quilombola community of the interior of the State of Rio Grande do Sul	Qualitative approach - Focus Group	Content analysis
Quilombola community in the Northeast region of Brazil: health of women and children before and after their certification (Ferreira & Torres, 2015)	Article - Brazilian Journal of Maternal and Child Health (Pernambuco)	Quilombola community of Bom Despacho, in northeastern Brazil	Quantitative approach/ Questionnaire - Existing surveys in databases	Descriptive
Care practices of midwives and quilombola women in the light of interpretive anthropology. (Bonfim, <i>et al.</i> , 2018)	Article - Brazilian Journal of Health Promotion (Ceará)	Quilombola community of the village of Lagoinha de São Gabriel, in the productive sertão, of the State of Bahia	Qualitative Approach - Semi-structured interview	Content analysis
Use of health services by quilombola population of Southwest Bahia, Brazil (Gomes, <i>et al.</i> , 2013)	Article - Public Health Notebook (Rio de Janeiro)	Quilombola communities of the Vitória da Conquista region; Corta Lote, Maria Clemência, Furadinho, Lagoa de Melquiades and Boqueirão, in the State of Bahia	Quantitative approach - Semi-structured questionnaire	Descriptive
Health between the minority and the global: identity issues among quilombola women (Valentim, 2016)	Article - Psychology and Social Knowledge (Rio de Janeiro)	Maroon communities; Santana; Chiado Stream; New Vista; Angelim,	Qualitative and Descriptive Approach - Focus Group	Content analysis

		Linharinho, São Domingos; Angelim, in the State of Espírito Santo		
Maroon women and sexual division of labor in contemporary society (Grossi, Oliveira & Bitencourt, 2018)	Congress Anais - 6th International Meeting of Social Policy and 13th National Meeting of Social Policy/Espírito Santo	Urban and rural quilombos: Baroness Beach, Alto do Caixão, Beco dos Colodianos, Casca, Fidélis, Limoeiro, Chácara das Rosas, no Estado do Rio Grande do Sul	Qualitative and exploratory approach - Focus Group	Content analysis
Mama África: the quilombos of the sertão and the struggles of women of the communities of Catolé do Rocha-PB (Souza, 2017)	Dissertation - University Federal of Paraíba (Rio Grande do Norte)	Quilombola communities of Catolé do Rocha (Pau de Leite, São Pedro dos Miguéis, Lagoa Rasa and Curralinho/Jatobá), State of Paraíba	Quantitative-qualitative approach - Interviews and Focus Group	Content analysis
Being a quilombola woman: revealing feelings and identities. Being a quilombola woman: unveiling feelings and identities (Prates et al, 2018b)	Article - Online research journal Cuidado É Fundamental (Rio de Janeiro)	Quilombola community, in the interior of the State of Rio Grande do Sul	Qualitative approach - Semi-structured interviews	Content analysis
Territory of affections: care in contemporary women's quilombola practices in Rio de Janeiro (Almeida, 2016)	Article - Transversos: Revista de História (Rio de Janeiro)	Quilombola communities: Bracuí (Angra dos Reis); Campinho da Independência (Paraty); Tapera (Petropolis); Good Hope (Areal); Maria Conga (Mother); Sacopã (Rio de Janeiro); Maria Joaquina (Cabo Frio), In the State of Rio de Janeiro	Qualitative approach - Focus Group	Theoretical analysis
Maroon women, violence and the intersectionalities of gender, ethnicity, social class and generation (Grossi, Oliveira & Bitencourt, 2018).	Article - Public Policy Journal (Maranhão)	Maroon communities; quilombos Chácara das Rosas, Fidelix, Areal da Baroness, Limoeiro, Beco dos Colodianos), in the State of Rio Grande do Sul	Qualitative approach - Interviews, public documents	Content analysis
Quilombola women: territory, gender and identity in the black community Senhor do Bonfim (Santos, 2018)	Dissertation - Federal University of Paraíba (Rio Grande do Norte)	Quilombola Senhor do Bonfim Community, Paraíba	Qualitative approach - Bibliographic research, field observations, interviews, semi-structured questionnaire	Theoretical analysis
Health promotion of quilombola women: the relationship with social determinants (Durand, 2016)	Thesis - Federal University of Santa Catarina, Graduate Program in Nursing (Santa Catarina)	Quilombola Community of Garopaba, In the State of Santa Catarina	Qualitative approach - Culture Circle (Paulo Freire's Research Itinerary)	Content analysis
The feminine look at the health care of quilombola women (Prates, 2015)	Dissertation - Federal University of Santa Maria. Graduate Program in Nursing (Rio Grande do Sul)	Quilombola community in the interior of Rio Grande do Sul	Qualitative and descriptive approach - Focus group, semi-structured interview, field diary	Content analysis
Promotion of black women's health in castelo village, alcântara municipality, Maranhão, Brazil. (Viegas & Varga, 2016)	Article - Revista Saúde e Sociedade (São Paulo)	Quilombola community of the municipality of Alcântara, in the State of Maranhão	Qualitative approach - Bibliographic research, documentary research, questionnaire	Content analysis
Health survey in Quilombola communities (descendants of Afro-Brazilian slaves who escaped from slave plantations that existed in Brazil until	Article - Revista Ciência Saúde Coletiva (Rio de Janeiro)	Quilombola communities of Vitória da Conquista, in the State of Bahia	Quantitative approach - Questionnaire (Existing surveys in databases)	Content analysis

abolition in 1888) in Vitória da Conquista in the state of Bahia: methodological aspects and descriptive analysis (Bezerra et al., 2014)				
Health conditions in quilombola communities las condiciones de salud en las comunidades quilombola (Cardoso, Melo & Freitas, 2018)	Article - Journal journal of Nursing UPE on line (Pernambuco)	Research that used secondary data from other studies.	Integrative literature review	Descriptive and statistical analysis
Experiences of quilombola women with reproductive planning and assistance in the pregnancy-puerperal period (Pereira et al, 2016)	Article - Feminisms Magazine (Bahia)	Community of Porto da Pedra in the municipality of Maragogipe, in the State of Bahia	Qualitative, exploratory, descriptive approach - Semi-structured interview	Descriptive analysis (non-experimental)
Quilombolas therapeutic itineraries: a bioethical look at health care and care (Prudêncio, 2017)	Thesis - Federal University of Santa Catarina, Graduate Program in Collective Health (Santa Catarina)	Quilombola communities of the municipality of Macapá (Curiaú de Fora, Curiaú de Dentro, Curiaú de Fora, Casa Grande, Curralinho, Extrema, Curiaú Mirim), Estado do Amapá	Qualitative Approach Research - Field mapping, participant observation, field diary, interview	Content analysis
Preventive practices for cervical cancer: a study with maroon women (Sorte, 2015)	Dissertation - Federal University of Bahia (Bahia)	Quilombola Community Araçá-Cariacá, in the municipality of Bom Jesus da Lapa, in the State of Bahia.	Qualitative and descriptive approach - Observation-participation-reflection, semi-structured interview.	Descriptive analysis
Factors that influence the prevention of cervical cancer in the quilombola community (Jacintho et al, 2018)	Article - Revista - Cultura de los Cuidados (Spain)	Quilombola community of Muquém, located in União dos Palmares, in the State of Alagoas	Qualitative, descriptive and ethnographic approach / Form, field diary, Interviews	Theoretical analysis
Socioeconomic and health characteristics of a group of women from a quilombola community (Prates et al., 2016)	Article - Journal of Nursing UFPE on line and (Pernambuco)	Quilombola community, located in southern Brazil	Qualitative, descriptive and ethnographic approach - Semi-structured individual interview	Theoretical analysis
Quilombola women and paulo freire's research itinerary (Durand, Heidemann, 2020)	Article - Text & Nursing Context Magazine (Santa Catarina)	Community of Morro do Fortunato, Macacú neighborhood, Garopaba municipality, State of Santa Catarina	Qualitative approach - Culture Circle - Paulo Freire's Research Itinerary	Content analysis
It has been passing from generation to generation": the care practices of quilombola women (Prates et al., 2019)	Article - Nursing Journal of UFSM (Rio Grande do Sul)	Quilombola community, located in southern Brazil	Qualitative, descriptive and anthropological approach - Focus group	Thematic content analysis
Social Determinants of a quilombola community and the interface with Health Promotion (Durand, Heideman, 2019)	Article - Journal of the School of Nursing of USP (São Paulo)	Community of Morro do Fortunato, Macacú neighborhood, Garopaba municipality, State of Santa Catarina	Qualitative approach - Culture Circle - Paulo Freire's Research Itinerary	Content analysis
Vulnerability and health of quilombola women in a mining area in the Amazon (Nascimento, Arantes, Carvalho, 2022).	Article - Revista Saúde e Sociedade (Alagoas)	Communities, belonging to three quilombola territories, in the vicinity of Porto Trombetas, State of Amazonas	Quantitative, exploratory, descriptive, prospective, cross-sectional approach- Field research with meetings and application of a form composed of 56 closed and open questions	Descriptive statistical analysis
The unbathof taking care of the quilombola woman (Roque et al., 2020)	Article - Science, Care and Health Magazine (Paraná)	Colônia do Paiol Community, Municipality of Bias Fortes, State of Minas Gerais	Phenomenological qualitative approach in the light of thought philosophical by Martim Heidegger - phenomenological interview	Theoretical -Hermeneutics
Quality of life of women from a quilombola community in	Article - Brazilian Journal of Biology (São Paulo)	Quilombola Community of Santa Luzia do	Quantitative, observational, cross-sectional and descriptive approach - WHOQOL	Descriptive statistical analysis

northeastern Brazil (Santos et al, 2021)		Norte, State of Alagoas	Quality of Life questionnaire - bref	
Social Determinants of a quilombola community and the interface with Health Promotion (Durand, M. K., & Heideman, I. T. S. B.. (2019)	Article - Text & Nursing Context Magazine (Santa Catarina)	Quilombola Community called Morro do Fortunato, Municipality of Garopaba, State of Santa Catarina	Qualitative approach, action-participant research - Paulo Freire's Research Itinerary - Culture Circles	Content analysis
Behaviors related to Quilombola women's health: a social representations study (Silva, et al., 2020).	Article - Revista Brasileira De Enfermagem (Brasília-DF)	Quilombola Community Abacatal/ Aurá, located in the municipality of Ananindeua, metropolitan region of Belém, State of Pará	Qualitative, descriptive approach, with application of the Theory of Social Representations - individual interviews using a semi-structured script	Thematic content analysis
Autonomy in the reproductive health of quilombolas women and associated factor (Fernandes, et al., 2020).	Article - Revista Brasileira De Enfermagem ((Brasília-DF)	Quilombola communities of a municipality in the Productive Sertão, State of Bahia	Quantitative approach, cross-sectional census study - questionnaire and interviews	Descriptive statistical analysis

4 DISCUSSION

The discussion will be presented in two categories that aggregate the main results of the publications included on the health care needs of quilombola women from the perspective of intersectionality gender, race, body and politics in the Brazilian scenario

Being a quilombola woman in the social and political context, from the perspective of intersectionality gender, race, body and politics

The black diaspora lived by the remaining communities of quilombo, a corporation created by setbacks of slavery, is a mirror in which, nowadays, the marks of racism initiated from Brazil Cologne appear. Its existential territories remain distant, the susceptibility is aggravated by the dimensions and geographical features, which impose difficult access, with a forgotten population, left on the sidelines, and it is women, voices of the community, who denounce: a health service far from the community and that impose long displacements on residents of rural and riverside areas to urban centers; lack of public policies; there is discredit and devaluation of their ancestral knowledge. Moreover, these women, for the most part, are not contemplated with the implementation of social assistance policies actions, and when questioned about the cultural events typical of a black ancestral tradition, do not recognize themselves as members of a quilombola community (Araújo et al. 2020, Durand, 2019, Prates et al.,2018; Nascimento, Arante, Carvalho, 2022, Nascimento, Arante, Carvalho, 2022).

Some recognize themselves as residents of a rural community (Viegas & Varga, 2016; Prudêncio, 2017). Sometimes, the lack of knowledge of the cultural representativeness of quilombola women and the lack of egalitarian spaces increases the gaps and hinders access to specific social policies for this population, as identified in the study by Araújo et al (2020), conducted in the Dandara group in the Quilombola Sussuarana community of Piri-piri in the state of Piauí.

The memory of these women, as well as their identities, is tied to the place where they live, guided by their memories, by the affirmation of being a peaceful environment and where they develop a way of life, sociability, cordiality and affection with their relatives, spouses and friends. It is a place that refers to

them the feeling of being all a large family, forming a collective network of social support, trust, protection and well-being. In their narratives, they demonstrate the pride of the place where they live and of being farmers; to have received by orality the ancestral knowledge of the handling of medicinal plants by praying or benzedeiros, qualification given to those who perform the cure through their prayers, also known as blessings, to have had their deliveries performed by midwives, who accompanied them in pregnancy, childbirth to the puerperium, through care practices based on cultural beliefs and customs, using natural resources and divine invocation, regardless of the existence or not of local health infrastructure (Santos, 2018; Valentine, 2016; Souza, 2017; Bonfim et al., 2018; Durand 2019; Silva et al, 2020; Roque, 2020).

Studies indicate that, among the elements of the constitution of quilombola identity, a common characteristic in these communities is to be matrilineal, with women as the center of the group. In their communities, they organize meetings to discuss issues related to health and the forms of treatment traditionally used by them. They also recover the *mênicas* about religion and territory, a characteristic similar to that found in African communities, with a sharing of responsibilities and privileges, including decision-making power (Santos, 2018; Prates, 2015; Roque, 2020).

However, although it appears that such meetings are elementary translations of resistance and a social function for maintaining their identity before their ascendants, in some narratives of quilombola women, the feeling of an inability to transmit these same values to the younger generation was identified, which has consequently interfered in their identity formation (Oliveira, 2016).

In the delimited field of some quilombola territories, the epistemicide, the death of their ancestral knowledge, provoked by the massificably technical, global and culturally undifferentiated forms, derived from the mass communication responsible for the aculturation in the ways of being born, feeling, inhabiting, dressing and expressing. This has influenced children and young people both in cognitive and social aspects, as well as in their relationship with the process of constitution of an otherness, which had not been experienced in relation to their ancestors. The right to identity and recognition of their culture is expressed in the Federal Constitution, and its violation constitutes a form of violence. This symbolic, invisible, silent violence causes deep marks in the subjectivity of these women and affects several generations, from elderly people, adults, young people, adolescents and children (Grossi, Oliveira & Oliveira, 2018; Valentine, 2016; Almeida, 2016).

In quilombola communities, subsistence agriculture predominates; many women work in the *swidden*, from where they take food from their families. However, in their territories, the lack of land generates a process of social vulnerability, since, because they live in a limited and precarious space of housing, women report that often members of their family move to other territories, to land. In their narratives, being mothers and/or wives, they suffer when they experience the departure of their children and companions from the territory to seek employment or vocational courses. They migrate, most of the time, to large centers and experience difficulties in accessing formal employment, they start living in areas

far from the workplace, in precarious conditions; and many abandon the family (Grossi, Oliveira & Oliveira, 2018; Souza, 2017; Bezerra et al., 2014; Durand, 2019; Prates et al., 2018; Santos et al, 2021).

Women who choose to continue in the territory take over the decisions of the house, which gives them greater autonomy and dominion over their lives, constitute the matriarchal families, in which the role of resistance is a socially determined institution. This is because often, because they have their spouses working outside, unemployed or sick, quilombola women become responsible for planting and dealing in the garden, hunting and still assume domestic work and in addition to family health care; they are responsible for life in communities. Others also seek work in the city as outsourced, domestic, often in underemployment, without a signed license; with this they stop going through with their studies and end up getting married early. They experience the stigma of the senzala and the color of a society, which assumes the role of foreman, punishing them with painful services, prejudice and racial discrimination (Santos, 2018; Souza, 2017; Almeida, 2016; Grossi, Oliveira & Bitencourt, 2018; Prates, et al., 2018a).

Other studies indicate that women, in the scenario of some quilombos, suffer when they perceive racist, sexist and classist devices that focus on their bodies and territories, imposing a new meaning for the term "quilombo" in contemporaneity, mixing anti-racist and anti-existing practices with their actions to fight for land (Rodrigues, Souza, Queiroz & Nunes, 2021; Neto et al., 2022). In order to rebuild a sometimes muted tradition, they act in the political and dynamic organization of their territories. Some hold positions of presidency of their associations; others exercise leadership through actions and protagonism, participating in meetings with public managers to request improvements for their communities. Such women claim to be contrary to the discourse of the strength of black women, since what is put is the need to be strong to endure oppression, which is different from overcoming it. Thus, they are engaged in fighting for their health and against epistemicide, gathering in spaces of solidarity and transmission of experiences; say no to disrespect for their bodies, knowledge and territories, expanding resistance and resignifying the power and value of life (Prates et al, 2018a; Almeida, 2016) .

The tradition of care exercised by quilombola women erases the notion of the quilombola experience thought for years exclusively through strength and virility and reinforces the performance of motherhood practiced by these women. This tradition, added to all the activities performed by them in the role of farmers, housewives, mothers, providers of the home, generates a mixed feeling of obligation and concern, these being the reasons scored in the studies on their narratives to forget their own and only take care of others with whom it relates to the tangle of affection present in their territory (Viegas & Varga, 2016; Santos, 2018; Prates, 2015; Grossi, Oliveira & Bitencourt, 2018; Roque, 2020; Silva et al., 2020)

According to Rodrigues, Souza, Queiroz & Nunes (2021), quilombos are currently a movement of search and struggle for land, and this struggle is also rebuilt daily, especially by poor access to public policies and land conflicts with landowners. In terms of public policies, studies indicate that in the Lula Government quilombola women had access to water, through the construction of cisterns (Prudêncio, 2017; Souza, 2017; Bezerra et al., 2014). Before this initiative of this government, families carried cans of water

on their heads to be able to drink and cook, for long distances to their homes, since the water of the dam was used to bathe, wash clothes, water plants, for the cultivation of fish and for animals. The research also highlights other social benefits that impacted the health and lives of these women, such as the construction of bathrooms and fossas in the homes of those who did not yet have a bathroom; the basic basket; and the family grant, which is often the only source of income for their families (Prudêncio, 2017; Souza, 2017; Bezerra et al., 2014).

Maroon women, because they are black, also carry the myth of inferiority about their ethnicity and, in most cases, still present unfavorable economic situation, which intensifies their condition and the inequalities experienced (Neto et al., 2022; Birth, Arantes, Oak, 2022). These conditions are associated with power relations that demarcate the possibilities and impossibilities of appropriation of certain material and symbolic resources by black women. The ongoing tensions between equality policies and equity policies pose challenges in guaranteeing the health rights of these populations (Viegas & Varga, 2016; Santos, 2018; Prates, 2015; Grossi, Oliveira & Bitencourt, 2018; Prates et al., 2018b, Nascimento, Arante, Carvalho, 2022).

These quilombola women experience intersectionality - that is, discriminatory systems of oppression, both social quanto political, class, gender, race and ethnicity - that intensify iniquities, because they are social markers of difference, and demarcate the possibilities and impossibilities of appropriation of certain material and symbolic resources . However, the multiple existential oppressions experienced by them reduce the chances of full exercise of their own citizenship. The intersectionality disembody energy of these women and reinforces the need for unity, a collective struggle in their different ways of resisting and in the most diverse spaces of power (Viegas & Varga, 2016; Prates, 2015; Grossi, Oliveira & Bitencourt, 2018; Prates et al. 2018a; Santos, 2018; Roque, 2020).

Quilombola woman and care needs in relation to her body, taking into account her state of vulnerability and the context of denial of rights

The concept of gender is considered a historical and unequal construction tied to a cultural process that determines what social roles should be played by men and women in society. Studies indicate how gender is a universal phenomenon, present in the relationships of inequality and oppression experienced by the black population, particularly by quilombola women. These express this inequality in a very unique way, since in their narratives there are different forms of racial and gender violence, both in the private and public environments (Prates et al. 2018b).

In the private sphere, studies reveal domestic violence in the context of interpersonal relationships, leaving both physical and psychic marks on the bodies of these women. They are reports of submission to patriarchy in the course of their existence, of suffering, of guilt associated with the shame of exposing the fact that they are being raped in their own homes and being subject to the judgment of the people who live with them in that territory, as well as anguish due to the difficulty of breaking with this bond that causes them so much pain. In this sense, violence is understood as a cruel and perverse way that contributes to the

demeaning of the dignity of being a woman. A perverse form of male control and power and a system built from the perspective of patriarchy, machismo, racism and sexism, which prevent women from building their otherness (Valentine, 2016; Grossi, Oliveira & Bitencourt, 2018).

In the public sphere, women feel the devastating effects of racial prejudice they suffer in their daily lives as a result of racism and sexism perpetrated against them in the course of history. It was observed that the narratives found in the studies included in this review highlight the emotional distress of quilombola women caused by racism indistinctly due to skin color, hair and the place where they have lived for many generations (Prates, 2015, Prates et al., 2018b). This exclusionary and subalternity situation, which in symbolic terms puts its communities in a position of invisibility in urban centers, creating a social imaginary of a distant place, of the existence of former slaves, subalternizing these groups as folkloric and framing them in scenarios of involution (Valentim, 2016; Souza, 2017; Prates, 2015, Prates et al., 2018b).

Quilombola women experience social inequities and adverse dimensions of access, which are seen as challenges to be faced in health care, linked to the different SSD, including the absence of a local health service to fully serve all residents and the difficulty of access to public health services, both for the distance and the lack of financial resources to pay for transportation to the health unit. Some studies have identified that this lack of resources increases the difficulty of access to care in the basic health units of the city, due to the fact that they are not residents of that coverage area, or by the flow of care established (Prates, 2015; Prates et al. 2018b; Gomes et al., 2013; Durand, Heidemann, 2019; Durand, Heidemann, 2020; Roque, 2020; Santos et al, 2021; Nascimento, Arante, Carvalho, 2022).

Many studies indicate that quilombola women have little visibility in the scope of public policies for health promotion and prevention, since their specific care needs are ignored (Durand, 2016; Grossi, Oliveira & Bitencourt, 2018; Prates et al., 2016). This fact is configured in violations of rights evidenced in indicators of social, economic and health vulnerability, characterized by inequality, exploitation, power relations that materialize the structural and institutional violence suffered by quilombola women. Its trajectories are marked by the interaction between systems of oppression such as racism, sexism, economic inequality, patriarchy and epistemicide, which culminate in the inferiorization of black women in society (Durand, 2016; Grossi, Oliveira & Bitencourt, 2018; Prates et al., 2016; Cardoso, Melo & Freitas, 2018; Prates et al., 2018; Durand, Heidemann, 2019; Durand, Heidemann, 2020; Nascimento, Arante, Carvalho, 2022).

Many quilombola communities say that the model of care offered is centered on the biomedical model. The professionals who care for these women do not fully evaluate, much less recognize the power of plants and local culture as allies in treatment, directing care in a generalized way and without considering popular knowledge, built for years being a tradition within the quilombo to be valued and respected. Therefore, many women come out of the offices with prescriptions of medicines, some of them unavailable in the network, which forces them to take money from where they do not have; they end up in debt in order to be able to buy the prescribed medication, which contributes to the discredit in the health professional

who, in their view, exercise routine and depersonified care (Prudêncio, 2017; Prates, 2015; Prates et al., 2018b; Durand, 2019; Prates, et al., 2019).

In order to achieve or maintain a full health condition, quilombola women should have access to health promotion care that is impaired by the presence of Social Determinants of Health (SSD). This population needs basic guidance on hygiene care, such as the use of public toilets, food preparation, physical activity and the importance of performing tests for cervical cancer and breast cancer screening. The studies found that many quilombola women never had access to gynecological examination, and are still unaware of the frequency and age at which this follow-up should be performed; in addition, psychological barriers such as fear, shame, discomfort and especially prejudice and the lack of humanized care of health professionals further distance this woman from her right to have access to health promotion services that are offered in the SUS (Valentim, 2016; Prates, 2015; Luck, 2015; Jacintho et al., 2018; Pereira & Ferreira, 2016; Durand, Heidemann, 2019; Durand, Heidemann, 2020).

The studies reinforce the total ignorance of quilombola women about the importance of condom use in sexual intercourse, which puts them in a situation of vulnerability to contract sexually transmitted infections (STIs) and unwanted pregnancy (Valentim, 2016; Prates, 2015; Luck, 2015; Jacintho et al., 2018; Pereira & Ferreira, 2016; Fernandes et al., 2020). A study conducted with women from quilombola communities in the Northeast revealed that 80% of them became pregnant under the age of 19, which enhances their state of social vulnerability, which often stop studying, do not qualify professionally, besides being devalued in the labor market (Ferreira & Torre, 2015).

Moreover, the feeling of shame that these quilombola women have of their own body, may be related to the influences of beauty standards imposed by the Western model and ideologically racist of white aesthetics, negatively impact the health of this population. Something that enhances the conception of the identity of the dominating white, of values passed on by the ideology of whitening and the myth of racial democracy (Neto et al., 2022).

Health care appears in research associated with propositions, beliefs, values and practices resulting from the cultural context of its community, with the purpose of maintaining health, in order to be able to perform their daily activities, referring care to the dimensions of occupation and work, elucidating health care as fundamental for performing some task. The value attributed to health care appears directly related to the performance of their daily work activities, resulting from the possibility of producing and contributing in the family or community context. Health care and work were strictly linked, and in the quilombo, the first is valued according to the second (Grossi, Oliveira & Oliveira, 2018; Valentine, 2016; Prates, 2015; Prates et al., 2016; Prates et al. 2018b).

5 FINAL CONSIDERATIONS

The black diaspora in colonial Brazil consolidates the genealogy of racism that still persists today. With the look directed at quilombola women, the research outlines the memories of their ways of life and

society that are central to thinking about the care and health of this population that are still invisible in health policies. The narratives denounce sufferings and achievements, the saga of resistance in the face of the historical conditions of social disempower and violence suffered, inside and outside the community space, from the public to the private, which impose barriers to their social development and generate inequalities related to school education, the selectivity of the labor market, poverty and health/illness conditions, based on cultural uppayment and overlap of mass culture.

The result of this review exposes an unequal and precarious reality of quilombola women in access to health care, something that should be the subject of debate and discussion among health professionals and managers in favor of improving access to women's health policies in the SUS. Additionally, it is expected to sensitize health professionals, academics and researchers about the needs of care and health of quilombola women, in addition to the biological, in order to combat the oppression imposed on their bodies, deconstruct prejudices and extinguish the negative effects of stigma on their health.

The social inequities experienced by quilombola women reflect the oppressions generated by the intersectionality of their daily lives and reiterate the structural, institutional and cultural violence to which they are exposed. Such forms of violence materialize in ethnic-racial inequalities, racism, patriarchy, sexism, lack of access to health and the mischaracterization of this woman as a being of law. All this requires initiatives of government agencies and sensitivity of health professionals, to strengthen the right of these women to quality, resolute, humanized, accessible, equitable, democratic health services that value the culture of quilombola women and respect the ethnic-racial aspects involved in the care process.

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