Culture – Health relationships in a quilombola community in Northeastern Brazil: Perceptions of the duality of traditional medicine / conventional medicine

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ABSTRACT
The Quilombolas constitute ethnic-racial groups with African ancestry, with their own historical trajectory, and endowed with specific territorial relations. The Quilombolas have been neglected in public health policies, despite being among the vulnerable populations in Brazil. This study sought to understand the relationships between culture and health within the context of valuing Quilombola traditions as a tool for promoting health in a remaining Quilombola community in the state of Alagoas. Through conducting interviews and employing a thematic content analysis, it was found that the population of the Village of Cruz uses non-conventional methods for restoring health, especially the use of medicinal plants, but seeks to adopt conventional medicine when their economic conditions allow. The majority of Quilombolas consider that traditional wisdom regarding health is not valorized by health professionals. This finding highlights the need for a rescue of the users' historicity by health services, with a focus on respecting and understanding Quilombola cultural traditions, as an important tool for better adherence of this population to treatments developed based on the conventional biomedical model.

Keywords: Quilombo, Health, Traditional Medicine, Alternative Therapies.

1 INTRODUCTION

The values and conceptions we have about health are always a cultural trait. Throughout history, man and his culture have invented institutions: the priest, the guru, the shaman, the doctor, the sanitarian, the Unified Health System, etc., that is, specialized apparatuses and/or knowledge in charge of taking care of health, of producing health, of interfering in traditional cultural values in the name of defending life - generally from a more quantitative perspective - translated into more years of life.[1]

In parallel to the biomedical model, medicine based on popular knowledge is kept alive in the daily lives of the population. Prophylactic and at-home therapeutic measures are carried out to seek or maintain a state of well-being close to what is conceived as ideal. These practices are generally worked on in the family or community environment and are almost always passed on between different generations, mainly by traditional communities.[2]

Quilombola communities are considered traditional populations made up of descendants of slaves who live in hard-to-reach places and develop traditional productive practices such as subsistence farming and the collection of forest products. After the abolition of slavery, these groups, distributed throughout the country, began to seek their identity and citizenship, having as a reference the struggle for their rights and the guarantee of their territory3. The Ministry of Health defines ethnic-racial groups as quilombolas, according to criteria of self-attribution, with their own historical trajectory, endowed with specific territorial relations, with a presumption of black ancestry related to resistance to the historical oppression suffered4.

Despite being among Brazil's vulnerable populations and having historically suffered ethnic and social inequities, quilombolas have been neglected in public health policies. Despite the advances, the remaining quilombo populations still suffer from a variety of problems, from agrarian disputes over occupied areas, to the lack of infrastructure and public investments. The absence of education, the still precarious presence of health services, the physical and social isolation of these communities, prejudice and lack of information, among other elements, have perpetuated a series of distortions about knowledge about health and about the scope of promotion and prevention policies5.

In view of this scenario, this study sought to understand the relations between culture and health in the context of the valuation of ethnic, religious and family traditions as a tool for promoting the health of the remaining traditional quilombo peoples in public health services and to establish a relationship between the impressions of traditional peoples about classical biomedical practices and the causes of adherence/refusal to hospital and outpatient procedures commonly employed by the health professionals.

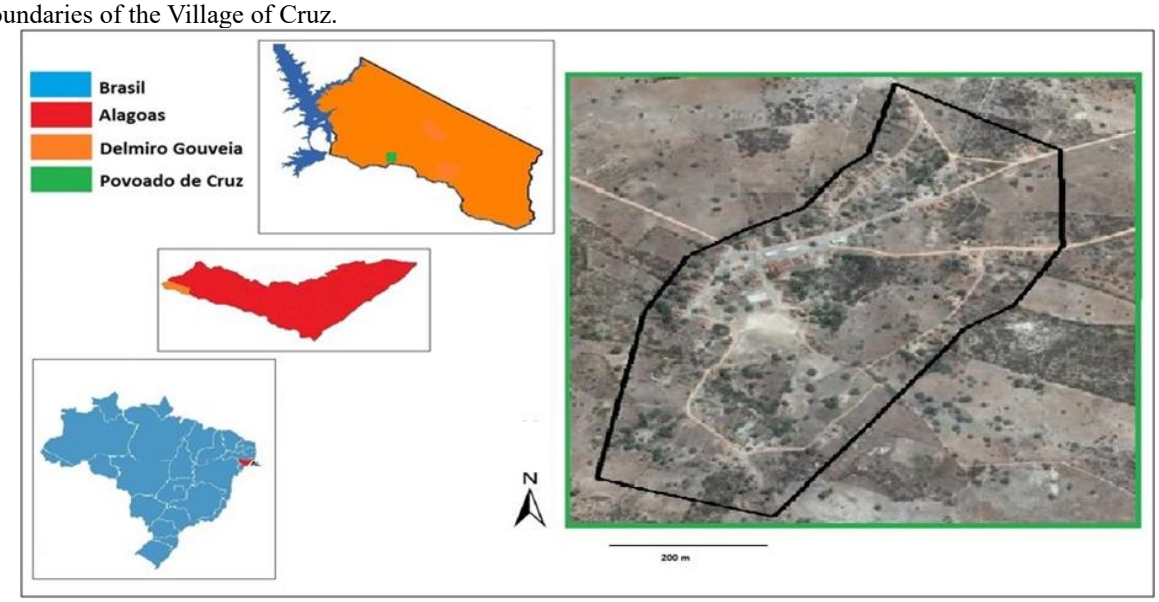
2 METHODOLOGY

2.1 POPULATION AND STUDY AREA

The research was carried out in the village of Cruz, a district of the municipality of Delmiro Gouveia, State of Alagoas - Brazil (Figure 1), located about 1 km north of the left bank of the São Francisco River and 16 km south of the city center (geographic coordinates: 9°25'33.2"S; 38°05'26.7"W). The urbanized sector of the district occupies an area of approximately 670.47 m2. The community had its certificate of quilombola remnant issued on April 19, 2005, based on FCP Ordinance No. 98/2007 and Presidential Decree No. 4887/20036,7.

The community of Povoado de Cruz is duly recognized as a quilombo remnant8, being composed of 72 families, in addition to encompassing non-quilombola migrant residents and residents born in the place who do not self-recognize as descendants of quilombolas. Subsistence farming, fishing, small businesses and social income transfer programs are the basis of the local economy.

Figure 1. Map of the study area, showing the State of Alagoas, the location of the municipality of Delmiro Gouveia, and the boundaries of the Village of Cruz.



2.2 TYPE OF STUDY

This was a descriptive-exploratory study, with a qualitative approach. Information was collected through interviews guided by a semi-structured script (Appendix 1). During the interviews, the focus was on the family entity, and one individual per family unit was interviewed. The interviews were recorded, in order to ensure the fidelity of the record. These interviews were conducted during visits from November 15 to 29, 2014. Along with conducting the interviews, a socioeconomic questionnaire was carried out with the purpose of surveying these aspects of the residents for a better characterization of the population. Of the 72 families living in the village, a total of 70 interviews were obtained, i.e., a coverage of more than 97%.

The data were analyzed according to the Content Analysis technique, Thematic Modality type through categories9. According to this modality of qualitative analysis, the theme is the unit of meaning that is naturally freed from a text analyzed according to criteria related to the theory that serves as a guide to reading10.

The results were divided into two categories: **1.** The perception of community residents about the position of health professionals in relation to practices based on traditional knowledge to treat or prevent some disease; and **2.** The residents' perception of the therapeutic treatments used by the Unified Health System (SUS) to the detriment of treatments based on traditional knowledge.

2.3 ETHICAL ASPECTS

Regarding the ethical aspects of research involving human beings and because it is a study conducted with the quilombola community, the study was previously submitted to the appreciation and approval of the National Institute of Historical and Artistic Heritage – IPHAN (Process No.

01450.012314/2014-23) and the Research Ethics Committee of the State University of Bahia – CEP/UNEB (Opinion No. 1.289.196), in accordance with the recommendations of Resolution 196/1996 of the National Health Council. A Free and Informed Consent Form was addressed to all participants, who authorized, in addition to the recording of the interviews, the dissemination of the results obtained from the data collected, guaranteeing the anonymity of the research informants.

3 RESULTS AND DISCUSSION

3.1 SOCIOECONOMIC CHARACTERIZATION OF THE POPULATION

The socioeconomic study showed the following aspects: Regarding the sociodemographic profile, of the 70 subjects participating in this study, 54 were female and 16 were male. Regarding the age group, the interval between 46 and 56 years (34%) was predominant. Most of them considered themselves to be of mixed race (53%) and were married or lived with a partner (54%). As for religion, Catholicism (54%) and Protestantism (34%) were predominant; The rest of the residents (12%) said they had no religion.

The vast majority of the residences are owned (97%), being built in masonry almost entirely (96%). None of the residences has sewage collection and treatment, so septic tank is used (91%) or sewage is disposed of in the open (9%). Regarding the professional occupation, just over half of the interviewees reported not having an employment relationship (54%), with 17% reporting working with a formal contract and 28% working autonomously. The predominant level of education among the interviewees was incomplete elementary school (48%).

The socioeconomic characterization of the residents of Povoado de Cruz is similar to that described for most of the recognized quilombola communities in Brazil, with 90.9% of the families belonging to social classes D and E living in conditions of social exclusion that have a negative impact on the health-disease process11.

3.2 CONTENT ANALYSIS

In order to better address the different perceptions of quilombola families about the valorization of traditional knowledge in health care, both thematic categories were divided into subcategories. The subcategories were defined based on the selection of excerpts from the interviewees' reports, thus allowing the evidence of different aspects within the previously delimited macrocategories.

3.2.1 Category 1. Perception of community residents about the position of health professionals in relation to practices based on traditional knowledge to treat or prevent a disease.

In this category, the perceptions of the residents of the Povoado de Cruz about the relationship between the professionals who care for them and the practices of so-called traditional medicine are demonstrated. The following subcategories could be observed:

3.2.1.1 Residents who agree that health professionals respect traditional knowledge associated with curing and preventing disease

About 26% of respondents said they agreed that health professionals value community knowledge. We can observe in the dialogues that there are many health professionals who not only respect but also encourage the use of traditional treatments as a way to combat some dysfunction:

> - "I think they respect it. The doctors here don't say anything complaining, no." EC7
> - "Yes, they do. The doctor who treated me in Aracaju even asked me about what I used for fibroids and thought it was good." EC12
> - "I think they do. They are very polite and have never complained to me from time to time to make my teas, no." EC18
> - "Respect. They don't recommend it, but they don't complain either." EC26

3.2.1.2 Residents who do not feel comfortable reporting to the health professional about the use of traditional knowledge to prevent or treat a disease

In the reports of 18% of the interviewees, there is an embarrassment when mentioning the use of alternative therapies. This was evident in the speeches of the residents below:

> - "I don't know. Because I've never talked to the doctors about the use of plants. I'm embarrassed to talk about it with them. I don't think you're going to think it's going to be a good conversation." EC4
> "I don't know if they respect it, because I've never dealt with any doctor or nurse about these matters. I use it at home, but I never talk about it." EC22
> - "What I think is right is to ask God. I've never talked to doctors that I use tea, no. I don't know what they think." EC3

3.2.1.3 Residents who agree that health professionals do not respect traditional knowledge associated with the cure and prevention of diseases.

Whether because they do not know the types of unconventional treatments that the community uses, because they do not believe in the healing potential of these practices or simply because they believe only in a vertical relationship with the individual, some health professionals do not agree with the use of alternative methods of preventing and curing diseases. This is evident in the statements of 56% of the residents interviewed.

> - "... There are many who criticize and think that only pharmacy medicines can cure." EC1
> - They say it's wrong. That it can have microbes and cause infection..."EC2

- "I don't think so... They complain when we say that we use the medicine from the bush..."EC11
- "They don't respect it. Usually they treat it with disdain. They don't like us to use the medicine from the bush. There was a doctor right here, before the one who is now, who said that he would no longer see me if he knew that I used the plum zest (Ximenia americana) and not the medicine he gave me." EC20

3.2.2 Category 2. Residents' perception of the therapeutic treatments used by the Unified Health System (SUS) to the detriment of treatments based on traditional knowledge.

In this category, the residents' perceptions in relation to the treatments currently used by the SUS are demonstrated, usually done through pills, or even with more invasive methods, such as injections, to the detriment of the treatments carried out by the community itself through traditional knowledge. We can observe the following subcategories:

3.2.2.1 Residents who trust the therapeutic treatments used by the Unified Health System and do not stop using conventional medicines to the detriment of alternative/traditional medicines.

Even though they belong to a quilombola community, where traditional knowledge to prevent or treat diseases is widely used, 20% of the residents interviewed reported that they do not make use of any type of treatment based on tradition to the detriment of conventional treatments. We can see this in the following accounts:

- "I've never stopped using the medicine that the doctor gives me to use medicine from the bush. I don't do that, no. I trust medicine." EC1
- "I trust the doctors and follow the right treatment." EC71
- "It has happened that the doctor has made a mistake in what I had. I'm worried about that. But even so, I trust and follow to the letter what the doctor tells me. If he passes the medicine I use it right. I don't stop using the medicine he gave me to use the bush medicine, no. They're right." EC20
- "Medicine from the pharmacy, which the doctor prescribes, I take it properly. I have gastritis. I have to take it. When there's no gas station, I have to buy it." EC23
- "... I trust the doctor's treatment... We now go more after pharmacy medicines." EC9

3.2.2.2 Residents who trust the therapeutic treatments used by the Unified Health System, but also use alternative/traditional treatments.

About 48% of the interviewees reported seeking health services in the face of a problem and following the treatment recommended by the professionals. However, they also assumed to make use of non-conventional treatments as a complement to drug treatment, as evidenced in the following reports:

- "... I use the doctor's medicine, but I use the plants too." EC12
- "... Today I have high blood pressure and have already had a stroke. I need to go to the doctor all the time. I've gotten used to it and I get along well with the medicines at the pharmacy. I don't stop taking my meds. But I use my teas from time to time." EC70
- "We try a bush remedy first, but I go to the doctor too and follow it to the letter. I trust it a lot." EC26

- "I trust medicine. But it has happened that some medicines don't work and I use the one from the bush and do it." EC67

3.2.2.3 Residents who do not trust the therapeutic treatments used by the Unified Health System and prefer to use alternative/traditional treatment

A portion represented by 30% of the interviewees mentioned preferring the use of non-conventional methods as a way to treat some dysfunction. The lack of financial resources to purchase medicines and the ease of access to medicinal plants were some of the factors reported:

- "I make an effort to take the medication that the doctor prescribes, but sometimes I don't follow it, no. I drink my tea at home and if I get better I don't drink the one from the pharmacy, no. It has already happened to get worse with the medicine from the pharmacy. Apart from the fact that they are so expensive." EC69
- "I don't take medicine, no. It's hard to go to the doctor. If the doctor goes to take it for 30 days, I only take two. I use it's the medicine of the bush. Am I going to spend money on medicine? I only get along with medicine from the bush." EC10
- "I always prefer to use the medicine from the bush because the one from the pharmacy is always expensive..." EC15
- "I have my doubts. People say that in the past, a lot of healing was done with the medicine from the bush. I believe, for we find the older people healthier than the young. But I believe that the medicine of the bush is good. Improvement. When my son had diarrhea, I took him to the hospital and they asked him to take an injection. And I didn't want to. I came home and had a cup of tea. And he got better." EC4

About 55% of the residents believe that there is no appreciation of traditional knowledge by professionals. Whether because they do not know the types of unconventional treatments that the community uses, because they do not believe in the healing potential of these practices or simply because they believe only in a vertical relationship with the individual, some health professionals do not agree with the use of alternative methods of preventing and curing diseases. This attitude demonstrates a vertical view of these servers, where the patients' beliefs are not representative, thus hindering effective adherence to treatment.

It is necessary to investigate whether this perception of cultural devaluation does not permeate situations of structural racism in health services, a reality already recognized by the Ministry of Health12, and the fight against racism in health care, including in the remaining quilombolas, is one of the premises of the National Policy for Comprehensive Health of the Black Population13.

The overlapping of scientific knowledge is identified when professionals do not understand how suggestive sociocultural representations are for the population. Thus, they end up not understanding the reason for the resistance to adapt to a conventional treatment and the 'exchange' of this for another of greater meaning for the user14.

A portion of 25% of the informants say they agree that health professionals respect traditional knowledge. Alternative and/or complementary therapies, also considered as traditional medicine by the WHO, are techniques aimed at providing health care to the individual, whether in prevention, treatment or cure, considering him or her as a mind/body/spirit and not a set of isolated parts15. Such

popular practices are developed within a social context that is not isolated from cultural values. Therefore, in order to better understand these practices, it is important to consider the cultural aspects of the population16.

Due to these factors, it is extremely important for health professionals to view the service user as a holistic being, endowed with experiences and knowledge that directly interfere in their practices of prevention and treatment of diseases, especially when it comes to a traditional community, where these cultural traits are more present17.

It should be noted that, although there is a dominant culture, there are a number of other cultures that have their own values and beliefs. And this cultural diversity has demanded from health professionals, particularly those who work in primary care, a deeper understanding of the sociocultural universe of the individuals with whom they work18.

A smaller (18%) - but considerable - portion of respondents reported not being able to answer whether there is appreciation on the part of professionals. They justify their answers by the embarrassment they feel in reporting the use of these methods for fear of reprisal from health professionals. Such attitudes reinforce the importance of the co-participation of health users in their treatment. It is believed that it is possible to work together with people and not as it is normally done, which is to work for people without respecting them in their differences19.

Health care has traditionally been characterized by the biomedical model, focusing on disease and cure, interpreted with biological parameters, and based on the vertical relationship between physician and patient, for which psychosocial and cultural determinants are of little interest for diagnosis and therapy20.

In this way, many users of health services, seeking the knowledge acquired through their ancestors and their experiences, end up using non-conventional methods to treat some disease, but they omit this fact from the professionals, knowing that many of them would not agree on a horizontal and exchange relationship. The omission of users, in the face of the use of traditional ways to combat diseases, entails not only a risk for this patient, who may be using some non-recommended or improper substance, but also in the absence of a greater bond of trust between the individual and the professionals.

More than half of the interviewees (56%) reported using both types of treatment: the conventional one, based on the biomedical model, and the traditional one, based on popular knowledge. Every therapeutic system is an indissoluble part of a society's cultural repertoire, that is, they are integral parts of culture, being influenced by it and vice versa. Thus, medicine based on popular knowledge, parallel to the biomedical model, remains alive in the daily lives of the population. Prophylactic and at-home therapeutic measures are carried out in order to seek or maintain a state of

well-being close to what is conceived as ideal. These practices are generally worked on within the family and are almost always passed on to different generations21.

The above-mentioned data demonstrate how this knowledge is rooted in individuals who inherit customs and, even though they are influenced by current medicine, maintain the habit of treating themselves through some procedure resulting from traditional knowledge. Some report that they first use the traditional medicine and, if it does not have an effect, they use the conventional medicine. Others, on the other hand, report initially trying to use the medication prescribed by the doctor and, if they do not effectively treat the symptoms, they then go to therapy based on popular knowledge.

A portion of 30% of the residents answered that they strictly follow the prescribed medical treatment and do not use any unconventional method. Even though it is a traditional community, it is evident how the current biomedical model and the treatment system based on medicalization interfere with the customs and modify the habits of the population. Even though there is no easy access to these drugs by the community, they report finding the use of pharmaceutical drugs more practical and more reliable.

With the advances in the field of health sciences, new ways of treating and curing diseases have emerged, such as the use of industrialized medicines, which were gradually introduced into people's daily lives, not only through health professionals but also through advertising campaigns by the laboratories that produced such medicines, which promised to cure the most diverse diseases22.

The interference of external factors in the social dynamics of the group and the influence of the positivist and hegemonic character in the provision of care by health services has exerted an influence on this aspect of changing the habits of traditional communities. An example is a greater exposure of communities to modern society and, consequently, to external economic and cultural pressures, resulting in greater ease of access to contemporary medicine services and the displacement of people from their natural environments to urban regions This induces the loss of the utilitarian character of popular knowledge accumulated for several generations; It hinders autonomy for protection, health promotion and disease prevention, and can lead to the disappearance of traditional knowledge23,24.

The socioeconomic conditions of these individuals, as well as the geographical issue and, consequently, the difficult access of these users to the prescribed medications, have a strong influence on the choice of traditional treatment. These were some of the arguments of the villagers who mentioned the factors "high price" and "distance from pharmacies" as justifications for opting for home methods. However, the belief in the ancestors and especially the successful experiences with such ways of fighting diseases are still the main aspects that are related to this choice.

It can be said that the change of health-related habits among users of popular practices is a difficult process, because they are rooted in sociocultural aspects, transmitted between different

generations within the family or in the community. The empirical proof of these resources, based on previous experiences, contributes to their acceptance and usefulness2.

Respect on the part of health professionals is also significant for the perpetuation over the generations, since, with the appreciation and encouragement of such cultural practices, users will feel more comfortable to perpetuate their acquired knowledge and, perhaps, a greater interest of the new generations in the theme17. The improvement in the health care of quilombola communities and the coping with the difficulties identified is a co-responsibility of all the actors involved in these processes: managers, health workers and users of health services25.

4 CONCLUSIONS

In the present study, it was observed that many users of health services experience a vertical relationship with professionals who imprint their knowledge as the only effective form of treatment. This attitude, on the part of the professionals, causes a distancing in their relationship with the users, who most of the time do not feel comfortable exposing their knowledge and consequently their practices to treat their ailments.

The recovery of the historicity of users based on respectful relationships, distancing themselves from practices that consider their view as obsolete, can represent an important tool for better treatment adherence. With cultural appreciation and respect, professionals will not only be adding knowledge and inserting the individual as a participant in the health-disease process, but also gaining the trust of the individual and thus favoring a more effective treatment.

Therefore, there is a need to respect the various forms of treatment used by traditional communities, and it is essential that health professionals have knowledge about such practices and how each individual behaves in relation to their health. Another aspect that should be highlighted is the importance of the user's co-participation in the choice of their treatment, making their knowledge an inseparable part of the healing process.

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