



HEALTH CONDITIONS IN QUILOMBOLA COMMUNITIES
CONDIÇÕES DE SAÚDE NAS COMUNIDADES QUILOMBOLAS
LAS CONDICIONES DE SALUD EN LAS COMUNIDADES QUILOMBOLA

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ABSTRACT

Objective: to analyze the evidence of scientific production about the health of the Quilombola communities.

Method: an integrative review covering six steps to systematize the research. The data collection was performed in the MEDLINE/PubMed and LILACS and SciELO virtual library between 2004 and 2015 and 27 articles were selected. **Results:** there were selected 27 articles, which are all produced in Brazil. The studies analyzed showed concern with the health of the Quilombola communities and their vulnerabilities to health conditions. There is difficulty of access to goods and services and predominance of chronic diseases, weight gain and a punctual attendance and curativist; there are some of the factors that permeate this population group. **Conclusion:** although there are studies addressing the issue of the health of the Quilombola, the literature is still scarce in studies that best sign of these peoples. Therefore, more scientific knowledge is needed to reveal the problems and needs that fill this population. **Descriptors:** Risk Groups; Ethnicity and Health; African Continental Ancestry Group; Community Health Nursing; Community Health Services; Health Inequalities.

RESUMO

Objetivo: analisar as evidências da produção científica sobre a saúde dos quilombolas. **Método:** revisão integrativa percorrendo seis etapas para sistematizar a pesquisa. A coleta de dados foi realizada nas Bases de Dados MEDLINE/PubMed e LILACS e na biblioteca virtual SciELO entre 2004 e 2015 e 27 artigos foram selecionados. **Resultados:** foram selecionados 27 artigos, sendo todos produzidos no Brasil. Os estudos analisados evidenciaram a preocupação com a saúde dos quilombolas e suas vulnerabilidades às condições de saúde. Dificuldade de acesso a bens e serviços, predominância de doenças-crônicas, ganho de peso e um atendimento pontual e curativista são alguns dos fatores que permeiam esse grupo populacional. **Conclusão:** embora existam pesquisas abordando a temática da saúde dos quilombolas, a literatura ainda é escassa em estudos que melhor evidenciem esses povos. Portanto, mais conhecimento científico é necessário para elucidar os problemas e necessidades que permeiam esse grupo populacional. **Descritores:** Comunidades Vulneráveis; Origem Étnica e Saúde; Grupo com Ancestrais do Continente Africano; Enfermagem em Saúde Comunitária; Serviços de Saúde Comunitária; Desigualdades em Saúde.

RESUMEN

Objetivo: analizar la evidencia de la producción científica acerca de la salud de las comunidades Quilombola. **Método:** revisión integradora que abarca seis pasos para sistematizar la investigación. La recolección de datos se realizó en MEDLINE/PubMed y LILACS y SciELO biblioteca virtual entre 2004 y 2015 y 27 artículos fueron seleccionados. **Resultados:** se seleccionaron 27 artículos, los cuales son producidos en Brasil. Los estudios analizados mostraron preocupación por la salud de las comunidades Quilombola y su vulnerabilidad a sus condiciones de salud. La dificultad de acceso a los bienes y servicios, y el predominio de las enfermedades crónicas, la ganancia de peso y una asistencia puntual y curativista son algunos de los factores que permean este grupo de población. **Conclusión:** aunque existen estudios que abordan la cuestión de la salud de las comunidades Quilombola, la literatura es todavía escasa en los estudios que mejor evidencian estos pueblos. Por lo tanto, más los conocimientos científicos necesarios para aclarar los problemas y necesidades que cruzan este grupo de población. **Descriptores:** Grupos de Riesgo; Origen Étnico y Salud; Grupo de Ascendencia Continental Africana; Enfermería en Salud Comunitaria; Servicios de Salud Comunitaria; Desigualdades en la Salud.

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INTRODUCTION

The black population has been the object of health policies, taking into account the particularities regarding the disparities in their health conditions, from the individual and collective point of view. The Ministry of Health considers that more than 46% of the total populations of black people in Brazil live in unfavorable conditions of health.¹⁻²

The literature shows that inequalities in health are directly related to the ethnic-racial issue worse in individuals with skin color black, brown and indigenous.³⁻⁴ In this context, fits the Quilombola communities remnants that are the symbol of resistance to oppression historically experienced during slavery in Brazil, these are characterized by black ancestry descending from slaves and ethnic characteristics which relate with their own cultural practices, strong bond with the land and unique historical trajectory.⁵⁻⁶

These communities in their majority are in rural areas, have low levels of education and income with economic activities predominantly subsistence farming, livestock and handicrafts. Set up as a highly vulnerable population which reflects on health indicators.⁷⁻⁸

Studies show that the Quilombola communities are demonstrating an epidemiological transition, showing a higher prevalence of chronic-degenerative diseases, such as hypertension and diabetes, yet still have high rates of infectious diseases, infant mortality and nutritional deviations.⁹⁻¹¹

As regards the use of health services intended for the Quilombola population reveals that almost all the particularities of primary care are not adequately present in health care. Still spreads the biomedical health paradigm centered on healing and medicalization of care by shredding the attention to health.¹²⁻³

The health of the Quilombolas finds some factors that hinder their development, the low socioeconomic level associated with the geographic isolation, in conjunction with the low living conditions and housing are intimately linked to the delay in improving the quality of life of this population group.¹⁴⁻⁶

In this context, understanding the health of Quilombola communities in different places and contexts may provide important subsidies for planning effective actions of prevention and health promotion for these people.

OBJECTIVE

- To analyze the evidence of scientific production about the health of the Quilombola communities.

METHOD

The integrative review developed from six steps: formulation of the problem, survey studies, evaluation of data, analysis and interpretation of data and presentation of results.¹⁷⁻⁸

The question is designed to guide the search was “What is the scientific knowledge produced about the health conditions of the Quilombola communities?”

To search the articles there were used the following databases: PubMed/MEDLINE (Medical Literature Analysis and Retrieval System Online), LILACS (Latin American and Caribbean Literature in Health Sciences) and in the virtual library SciELO (Scientific Electronic Library Online).

In a survey of the study, we used the descriptors "vulnerable communities", "health AND group with the ancestry of the African continent", "community health nursing" and "health inequalities" in English and Portuguese, adapted according to each of the data bases.

We included studies that responded to the question, freely available in electronic media in these databases and complete article, selected by the title, abstract and complete reading of the articles. There were not parts of the study, articles of phytotherapy focused on the health of the Quilombola communities. Repeated publications in more than one database were analyzed only once. The literature search was performed in Portuguese and English, covering articles published in the last ten years, from 2004 to 2015.

The search and selection of the articles included in this review were performed by two reviewers independently. In the selection of articles, we have read all the titles and selected those who had a relationship with the objective of the study. Next, we analyzed the abstracts and subsequently held reading in full and they are framing the inclusion criteria, we opted for a second reading in order to obtain the data to be used in the integrative review.

The studies found were treated by means of categorizing containing key information about the selected articles, such as country and year of publication, title of study design the study with quantitative limits of individuals investigated, level of evidence and

outcomes. The articles were classified according to the level of scientific evidence, according to Souza, Silva and Carvalho (2010)¹⁹, being established six (6) hierarchical levels of evidence. Finally, the results were analyzed and interpreted on the basis of the question and the objective established.

RESULTS

There were identified 27 studies that responded to the question and met the inclusion criteria. Figure 1 represents the characterization of the sample according to the year of publication with the corresponding quantitative studies.

Year of publication	Number of studies
2004	0
2005	0
2006	0
2007	2
2008	1
2009	0
2010	2
2011	2
2012	0
2013	7
2014	12
2015	1
Total	27

Figure 1. Sample distribution by year of publication. Maceio (AL), Brazil, 2017.

Figure 2 shows briefly the studies that comprise this integrative review in relation to the year by descending order, country, title, delineation of the quantitative study of individuals investigated, and level of evidence and outcomes.

Thus, it presents: 19 cross-sectional studies, 1 literature review, 1 qualitative study, 1 study quanti-qualitative, quantitative studies 2, 1 exploratory study and 2 clinical trials.

Year	Country	Title	Outline of the study	Level of evidence	Outcomes
2015	Brazil	Ignorance of the hypertension and its determinants in Quilombolas of Southwest Bahia, Brazil.	Cross-sectional study; 358 individuals.	Level 4	High blood pressure is a serious public health problem among Quilombola, revealing great health vulnerability, due to low levels of awareness, treatment and control.
2014	Brazil	Health survey in Quilombolas Communities of Vitoria da Conquista-Bahia, Brazil (COMQUISTA Project): methodological aspects and descriptive analysis.	Cross-sectional study; 797 adults and 130 children.	Level 4	The results suggest the need for the implementation of strategies to improve the quality of life and reduce the degree of vulnerability of the Quilombolas.
2014	Brazil	Quilombolas communities of Vitoria da Conquista, Bahia, Brazil: self-assessment of health and associated factors.	Cross-sectional study; 884 adults.	Level 4	Was found high prevalence of self-assessment of health bad/very bad when compared to values obtained in other national surveys.
2014	Brazil	Overweight and abdominal obesity in adults Quilombolas, Bahia, Brazil.	Cross-sectional study; 884 adults.	Level 3	Have low education and no work were factors that increased the chance of abdominal obesity indicating the need for specific actions for the prevention and control of obesity in these communities.
2014	Brazil	Back pain in adults resident in territories Quilombolas, Bahia.	Population-based cross-sectional survey; 750 adults.	Level 4	The investigation identified a high prevalence of back pain in adults. It is suggested to support the (re) structuring of local public services, in order to outline programs and access of adults Quilombolas healthy practices to assistance, diagnosis and treatment of spinal problems.
2014	Brazil	Missed opportunity for opportunistic diagnosis of diabetes mellitus in Quilombolas communities in the southwest of Bahia,	Transversal cohort study; 548 adults.	Level 3	The high ODP (loss of opportunity for opportunistic diagnosis of diabetes) appointed joined low use and worst marker of access to health services.

Brazil.					
2014	Brazil	Factors associated with not performing Pap smears in women Quilombolas.	Cross-sectional cohort study; 797 women.	Level 3	In this study, there was a prevalence of 27.3% for Smear examination not among Quilombola women of Vitoria da Conquista.
2014	Brazil	Overweight of students Quilombolas de Goias and food insecurity in their families.	Cross-sectional study; 226 students.	Level 4	There was a higher frequency of overweight compared to malnutrition, with the highest occurrence among students enrolled in schools in urban area.
2014	Brazil	Quality of life and therapeutic itineraries of Quilombolas de Goias.	Quantitative and qualitative study; 38 families (123 individuals)	Level 1	The two communities present historical determinations that betray a lack of public attention and marginalization of poor population.
2014	Brazil	Maternal and child health in Quilombolas communities in the North of Minas Gerais.	Cross-sectional study; 411 women 234 children.	Level 4	The results observed record a number of shortcomings and weaknesses that still point to a history of abandonment of quilombo communities, at least in relation to maternal and child health care.
2014	Brazil	Primary health care and maternal and child health: perceptions of caregivers in a Quilombola community.	Cross-sectional study; Caregivers of children.	Level 4	The results record low fidelity to attributes of primary care, according to the perception of caregivers and highlight the need for greater efforts to the new care model for the population studied.
2014	Brazil	Depression in Quilombola communities in Brazil: sorting and associated factors.	Cross-sectional study; 764 individuals.	Level 4	The prevalence of major depressive episode in population Quilombola was similar to that of the general population Brazilian.
2014	Brazil	Evaluation of the history of caries and associated factors among Quilombolas in Southeastern Brazil.	Cross-sectional study; 171 individuals.	Level 4	High prevalence of dental caries indicates the need for restructuring of dental care provided to Quilombola.
2013	Brazil	Use of health services by Quilombola populations of southwestern Bahia, Brazil.	Cross-sectional health survey 797 individuals.	Level 4	The results showed under-utilization of health services by Quilombolas, demonstrating the need to improve the delivery of health services to this population.
2013	Brazil	Quilombolas communities of Vitoria da Conquista, Bahia, Brazil: arterial hypertension and associated factors.	Cross-sectional cohort study; 884 individuals.	Level 4	The prevalence of high blood pressure was too high by reinforcing the need for a wide access to health services for prevention, early diagnosis and appropriate management guidelines.
2013	Brazil	Use of medicinal products by Quilombola populations: survey in the southwest of Bahia.	Cross-sectional study 797 individuals.	Level 3	The drugs most consumed by the population were those that act in the cardiovascular and nervous systems. The use of drugs was associated with female sex, age of 60 years and more, higher economic level, worse health assessment, greater number of morbidities and self-reported medical consultations.
2013	Brazil	Body composition and arterial hypertension: a comparative study involving women of the Quilombola communities and the general population of Alagoas, Brazil.	Cross-sectional survey; Quilombola women and 1,098 1,631 not Quilombola.	Level 1	Quilombola women are subjected to a greater risk of abdominal obesity and hypertension, characteristics that classify as a group especially vulnerable to morbidity and mortality for cardiovascular diseases, giving priority in implementation of measures of attention.
2013	Brazil	Sorting of hemoglobin S and C and the influence of social conditions in your distribution: a study in four Quilombola communities of the State of Tocantins.	No randomized clinical trial; 208 individuals (profile) 167 blood samples.	Level 3	The percentage of hemoglobin S and C found in the communities were within the observed for various regions of Brazil.

2013	Brazil	Quilombola community: analysis of the persistent problem of access to health, under the focus of bioethics of intervention.	Quantitative study; participants.	12	Level 3	The results point to the persistence of weaknesses related to social and health issues, as well as to the difficulty of promoting inclusive processes of universality and equity in health for that community.
2013	Brazil	Food consumption and nutritional status of pre-school children remaining communities of quilombo; State of Alagoas.	Cross-sectional study; children.	724	Level 4	The prevalence of chronic malnutrition and obesity were similar to those observed for them the children of the State as a whole, in which occurs the nutritional transition process.
2011	Brazil	Health and Quilombolas communities: a literature review.	Literature review.		Level 1	Are evident in the path of the SUS in Brazil the major flaws in the inclusion of historically marginalized people, away from the human and social growth process.
2011	Brazil	Nutrition and health of children remaining communities of quilombo in the State of Alagoas, Brazil.	Cross-sectional study; children.	973	Level 3	The height deficit, indicative of chronic malnutrition was the most prevalent anthropometric deviation, followed by overweight, despite the prevailing poverty profile.
2010	Brazil	Experiencing racism and violence: a study of black women's vulnerabilities and the search for HIV/aids prevention in remaining Quilombo communities, in Alagoas.	Exploratory study; women.	180	Level 5	The analysis of the statements pointed out that a strong contingent of women suffering from domestic violence in physical, sexual, psychological, moral and equity. Showed a high degree of vulnerability to STD/AIDS infection and other diseases.
2010	Brazil	Use of public health services for STD/HIV/AIDS by remaining communities of quilombo of Brazil.	Cross-sectional study; individuals.	218	Level 3	There was a greater perception of difficulty of care, seeking assistance in private service and more frequent testing among young people. Black people perceived increased difficulty in attendance and higher frequency of self-medication.
2008	Brazil	Prevalence of hepatitis C virus infection in remaining communities of quilombo in Central Brazil.	Randomized trial; people.	1,007	Level 3	The prevalence of HCV infection was 0.2%. This finding shows a low prevalence of HCV infection in remaining communities of quilombo in Central Brazil.
2007	Brazil	Infant mortality in remnants of quilombo communities of the municipality of Santarem-Para, Brazil.	Analysis based on that census data; individuals.	2,197	Level 6	Notes that, while infant mortality comes by decreasing in the country as a whole, in the quilombo of Santarem, is considered high.
2007	Brazil	Sanitary and health conditions in Caiana, a Creole Quilombola community of the State of Paraiba.	Qualitative study; people.	148	Level 4	Among the health problems and diseases observed are alcohol consumption, hypertension and mental problems.

Figure 2. Distribution of the studies according to year of publication, country of origin, title, study design, level of evidence and outcome. Maceio (AL), Brazil, 2017.

DISCUSSION

To identify studies about the health of the Quilombola population over the past 10 years, it was evidenced in this integrative review the scarcity of studies, but with a growing trend nowadays with greater publication in the years 2013 and 2014, reflecting the interest of researchers on the subject.

With respect to the country of publication, Brazil earns 100% highlight composing of articles read in full, excluding the repeated and thus comprised the sample (n=27). Of

these, twenty and six were published in Portuguese and one was published in English. Soon, highlights the concern in knowing the insertion of this vulnerable group in various countries to better understand its peculiarities with regard to health in ethnic-cultural context in which are inserted.

The population of blacks and browns in Brazil is 50.7%, according to data from the 2005 census of the Brazilian Institute of Geography and Statistics (IBGE). This highlights the persistence of differences between racial groups the rate of illiteracy

and the monthly income of whites are approaching twice the value between blacks and browns. In what concerns the life expectancy, studies show that the proportion of blacks and browns is greater until adulthood, while the whites have a greater proportion among the elderly. In addition, blacks have more precarious housing conditions, higher unemployment and more difficulty in access to goods and services.²⁰

These data provide subsidies to give visibility to the conditions of vulnerability that reach the black population in Brazil. In the context of health blacks die more than whites with emphasis on: genetically acquired diseases (anemia), acquired by environmental conditions (malnutrition, violent death, DST) and evolution worsened (hypertension, coronary artery disease...).^{2, 21}

Within this group is part of the Quilombola communities, which are marked by social exclusion. In these communities 90.9% of families belong to classes D and E possessing so precarious socioeconomic conditions that adversely affect the health-disease process.²²

These communities experience higher presence of chronic-degenerative diseases instead of infectious diseases characterizing an important moment of epidemiologic transition in current days. In this context the hypertension (HAS) configures itself as the most frequent health problem, not only in the Quilombola communities as well as in the black population in the world.^{10,23}

Studies with the Quilombola population showed a high prevalence of hypertension as well as cardiovascular reflexes. These initially associated to genetic predisposition and even more strongly to environmental conditions. Hypertension is growing in the more favored classes, due to stress, lack of predisposing factors for the account of the schooling and later inadequacy to pharmacological and dietary.^{9,24}

The articles also indicate a process of nutritional transition characterized by a reduction in child malnutrition and increase of overweight and obesity. However, this cannot be considered a positive factor because covers nutritional deficiency. Basically the diet surpasses the daily energy needs, however presents deficiency of nutrients, such as iron, vitamins and minerals.^{6,25}

This factor is particularly important when we analyze the patterns of growth and development of children Quilombola communities, in which the permanence of statuary deficits with increased weight. The consequences of malnutrition ranging from

growth retardation to delays in psychomotor development and increase of infections.²⁶⁻⁷

This change of habits which is increasing the incidence of overweight and obesity may have been motivated by the increase of the income of these families through the Brazilian government's food assistance programs, such as the Family Grant program. This is allowing an increase in the variety of foods consumed, but is found greater choice of high caloric foods with little nutritional value.^{26,28}

In the context of assistance to women's health is characterized in the Quilombola population young women, in the conjugal union, with early pregnancy, non-implementation of family planning, resulting in several pregnancies resulting from reduced use of contraceptive methods. In addition there is low adherence to the implementation of preventive examinations as the smear and examination of the breasts. The marital situation and the lack of information about exams and contraceptive methods are listed as explanations for such events.^{7,29}

In addition to these unfavorable characteristics of health, the conditions of access corroborate to the increase of the inequities. The difficulty of access to health services by reside in rural localities, devoid of collective transport, hinders the quality and accessibility of services, until the search by medicine.^{3,30}

The health care in these communities is directed at Basic Health Units of the family formed by multidisciplinary teams. However this assistance tends to be punctual and curativista with focus on biological aspects of health-disease process.¹² This condition is aggravated further when associated with the rotation of professionals, precarious infrastructure for care and institutional racism. These factors are barriers that promote the increase of inequalities in health.^{12,30}

In another study about the search for therapeutic care is shown strategies for coping with the disease, these are: individual strategies, support networks (neighborhood, family and collective resources (health professionals). The Conjunction of reality will direct to certain sources therapies.³¹

It is important to emphasize that the reception in health services is fundamental to the demand at these sites. The literature shows that this population group sub-uses the health services as well as self-assesses the assistance as very bad/poor.¹³

In this scenario, the authors suggest that for facilitating access to and utilization of

health services by the Quilombola population is necessary an adequacy of the work process, returning to the field of countryside, with strategies for continuous education and health promotion, directed the real need of this population.¹³⁻¹⁴

Thus, it is fundamental to the implementation of strategies to promote equity for the decrease of racial inequalities that involve the Quilombola groups as well as the enforcement of public policies of social inclusion standards.^{3,7,13-14}

CONCLUSION

This integrative review showed studies about the health of the Quilombola communities, which are still very scarce in the literature, especially international research. However, present the basis for future investigations and in greater depth, contributing effectively to the scientific community and this population group.

We observed a significant increase of bibliographic production in the years 2013 and 2014, which shows that researchers are becoming more acquainted with this vulnerable population and that there is a need for constant evaluation and analysis of their health conditions, so that they can create strategies of intervention and, therefore, obtain improvements in the quality of life of groups.

It was identified; therefore, the concern of Brazilian researchers with regard to the situation of vulnerability of the Quilombolas, since the principle of the universality of the Unic Health System, still faces barriers to the overall conduct of the health-illness process. Actions of promotion, prevention and health education, are fundamental pillars for the improvement of health conditions.

Thus, further studies addressing this theme of the health conditions of the Quilombolas can contribute for better assistance to this population in vulnerability. Experimental research of nature, as well as studies of qualitative and interventionist approach should be made, in view of the scarcity of the theme in both the national and international data.

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