ABSTRACT
Objective: understanding the significance of health care for women in a quilombola community. Method: a field study, descriptive, with a qualitative approach. The study scenario will be a quilombola rural community and the subjects will be the quilombola women. The focus group will be used as the main technique for the data production. Additionally, one semi-structured interview will be done. For the data record a field diary will be used. The data will be analyzed through the operative propose. The research project was approved by the Research Ethics Committee, CAEE 25345113.7.0000.5346. Expected results: promoting the discussion of key cultural issues in health care in quilombola women. Descriptors: Nursing; Women's Health; Group with Ancestors of the African Continent; Culture.

RESUMO
INTRODUCTION

For a long time health care of women was limited to pregnancy and childbirth, strengthening, decreasingly, to its procreative dimension. Opposed to this perspective, feminist groups began to claim a health care than those limited to the reproductive period. Thus, in 1984, was created the Program for Integral Assistance to Women's Health (PAISM), which proposed a comprehensive approach to women’s health at all stages of their life cycle.1,2 However, despite the progress achieved at from the creation of this program, the PAISM left many gaps in their propositions, as care aimed at black women, lesbians, indigenous, living in urban, rural and remote locations with difficult areas at risk, prisoners, sex workers and disabled.3

In 2004 was created the National Policy for Integral Attention to Women (PNAISM), which advocated the care of women in all its uniqueness and life cycle of Health, considering the different age groups and different social groups that make up the Brazilian female universe.4 Despite great progress and expansion of health care to the woman, brought by PNAISM, it is essential to question the actual implementation of the principles and guidelines established by this policy, because it is perceived that there are still certain gaps in care segments of society, for example, black women, which represent an extremely vulnerable group to several diseases and disorders.

In this context, the female black universe experiencing inequalities in access to health services before a veiled racism of institutions and health professionals who discriminate them. Historically, the black woman has always been triply discriminated in Brazilian society, being a woman, being black and without financial condition, thereby occupying the last social position.5 Thus, being female and being black in Brazil means being inserted a cycle of prejudice and discrimination resulting from a historical and sociocultural construction, in which the context of life is marked by racism and sexism in society, which violate their human, economic, social, cultural and environmental rights and generate the worst indicators quality of life.6 Moreover, in most cases, the black woman is below the poverty line, with difficulties in entering the labor market, in a situation of illiteracy, leading families without a spouse and children, with lower access to health services of good quality, gynecological care and care during pregnancy and puerperal period and showing greater susceptibility to certain diseases.7

When these women belong to groups that reside in places of difficult access to health services, such as maroon communities, inequalities are intensifying, showing the complexity and severity of the health status of these subjects. The remaining Quilombo communities are spaces in which live ethnic and racial groups with the assumption of black ancestry as descendants of enslaved women and ex-slaves and free black men. In general, communities are a result of a historical process of formation of the Brazilian nation, which reside in physical and social isolation, experience social and health inequalities.8-10

Nevertheless, in this context, still perpetuates itself strongly linked to past cultural manifestations of these subjects, which affect their daily lives, and especially the process of health and disease. From this perspective, culturally, women have assumed the social role of the main caregiver of the family and of itself, like other ethnic groups. Therefore, understanding the female gaze on women’s health care, it is essential to provide the kind of care validated by these women.11

This study is justified by the possibility of giving voice, listening to and promotion of the perception of individuals who historically have not had the chance to do so.14 Thus, it is expected to produce knowledge that will enable the development of health actions, which meet the their real needs and produce changes in existing contexts.16 Therefore, it is thought that the knowledge produced from the understanding of the phenomenon of care to their health, experienced by women Maroons, from a cultural perspective can enable the reflection of the health professional and question of what can be done to minimize the hazards existing in the lives of these individuals.

Based on these considerations, the question that will guide this research is: “How is understood the significance of health care of quilombola women, in a city in the countryside of Rio Grande do Sul/Brazil?”

OBJECTIVE

- Understanding the health care of women in a quilombola community.

METHOD

- Type of Study

This is a field study, of a descriptive type, with a qualitative approach. The field study is usually developed on the spot, in which the phenomena occur, as in groups or communities, seeking to deeply understand
certain practices, behaviors, beliefs and attitudes. Similarly, the descriptive research also are intended to identify opinions, attitudes and group beliefs, and describe the main characteristics of the subjects studied, observing, recording, analyzing and correlating facts or phenomena existing in the group or studied reality.

It was opted for a qualitative approach considering that it will support the study, since it emphasizes the values and beliefs of the subject in its historical and cultural context, explaining its causes, consequences and relationships. Therefore, the justification for this kind of methodological approach focuses around the target group, the Maroons women, which has its own peculiarities, perceptions, traditions and values that need to be interpreted in the light of culture.

♦ Research scenario

The study will be conducted in a quilombola remaining rural community located in the countryside of Rio Grande do Sul, Brazil. The site was certified as Quilombo in the year 2012 by the Palmares Foundation and is comprised of 52 men and 49 women. The quilombola community was chosen as the research scenario by understanding that, in this place, there are customs, traditions and beliefs, perpetuating intergenerational way, that were culturally produced and directly influence the meanings of care for the black woman.

♦ Research subjects

The research population will be women's maroon community, experiencing periods of life from adolescence to old age. It is considered that to cover these periods, the research will deepen the reach and diversity in the compression process of the community, as these women have, while homogeneous characteristics as belonging to the same group and can also have different opinions, because they are in different stages of life, thereby enriching the study.

It is noteworthy that, as the focus group technique for generating the data will be used and that it has the aim of addressing issues in greater depth through group interaction, will be considered for participation in, a maximum of 12 people.

The inclusion criteria will be: be a quilombola woman, resident in the community scenario of the study, with a minimum age of 12 years old (considered the age of early adolescence), and no upper age limit. The exclusion criteria will be: a woman with psycho-cognitive limitations that preclude understanding and participation in the study.

♦ Procedures for the production and recording of data

As the main technical data for manufacture of the Focus Group will be used, which allows the exchange of ideas, experiences, feelings, values, attitudes and views, providing reflection and even a change of opinion or statement of reasons for starting position, the operationalization of the technique initially preparing the meeting from a script with a guide of topics that will guide and systematize the issues and objectives of each meeting will be held.

The meetings will be attended by a moderator and an observer, and will take place in five stages: 1) individual presentation on the occasion of the first meeting and the other meetings, will resume the ideas of the last meeting; 2) presentation of the objectives of the meeting; 3) realization of the dynamics to stimulate discussion; 4) conducting the discussion, 5) synthesis and presentation of collective validation against. It is planned to hold three meetings each week and lasting for one to two hours each.

Complementing the focus group, one semi-structured interview to characterizing the socio-cultural and health data, which will follow a roadmap that will guide the following issues, will be held. The interviews will be held prior to meetings and moderating record in the field diary data collected from this technique. The field notebook will also be used to record subjective data, perceptions, feelings and personal impressions during the meetings.

♦ Data analysis

The data analysis will be based on the proposed operative, which is divided into two operational phases: exploratory and interpretative. The exploratory phase concerns the fundamental determinations of the study and includes knowledge of the historical context of the social group to be studied. This phase will involve the pursuit of understanding the group's history, its environment, socioeconomic conditions, participation and inclusion in society, among others.

The second phase will involve the interpretation of the testimonies of the participants and will be divided into two stages: 1) Ordering data: the moment in which they are transcribed and arranged in a certain order, the testimony of the participants, thus creating a horizontal map of discoveries in field work, 2) data Classification: subdivided into four stages: horizontal, comprehensive reading of the texts; cross reading, final analysis and report.
These steps involve the reading of the entire material produced on the field and understanding of the structures of relevance, central ideas, key moments and postures of participants on the subject in focus, respectively, the clipping of speech in each unit of meaning, structure relevance, topic or theme of information; confrontation between data and theory on the subject, and the presentation of search results.

Ethical considerations
There will be respected the legal provisions of the National Health Council Resolution of number 466/2012, which rules on regulatory guidelines and standards of research involving the participation of human beings.22 This dissertation project, linked to the Postgraduate Program in Nursing, of the Federal University of Santa Maria (UFSM), was approved by the Research Ethics Committee/UFSM on December 13th, 2013, under the process number 25345113.7.0000.5346.

EXPECTED RESULTS

It was expected the promotion of the discussion about cultural issues essential to quilombola women's health care.

REFERENCES


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