

CULTURAL CARE PROPOSALS FOR NURSING REGARDING ASPECTS OF THE REPRODUCTIVE HEALTH OF FEMALE MAROONS

PROPOSIÇÕES DE CUIDADO CULTURAL À ENFERMAGEM FRENTE A ASPECTOS DA SAÚDE REPRODUTIVA DE MULHERES QUILOMBOLAS

PROPUESTAS DE CUIDADOS CULTURALES PARA LA ENFERMERÍA DELANTE ASPECTOS DE LA SALUD REPRODUCTIVA DE LAS MUJERES CIMARRONES

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Objective: to describe proposals of cultural care for nursing regarding aspects of the reproductive health of rural female maroons. **Method:** research with ethnic nursing, held in maroon communities in the state of Bahia, Brazil, in the months from January to December 2014. Data collection used the Observation-Participation-Reflection with records in the field diary and ethnic-demographic guide. The participants were 25 rural female maroons that have experienced pregnancy and childbirth. The data were analyzed based on the transcultural care theory. **Results:** many aspects of food care, complementary therapies, knowledge of the body, relations, community and policies experienced by female maroons sustained health benefits and others potentiated vulnerabilities for the illness. **Conclusion:** the cultural care proposals for nursing regarding aspects of the reproductive health of rural female maroons can promote greater empowerment of women and the coping of social vulnerabilities.

Descriptors: Transcultural Nursing. Reproductive Health. Health of Ethnic Minorities. Women's Health.

Objetivo: descrever proposições de cuidado cultural para a enfermagem frente a aspectos da saúde reprodutiva de mulheres quilombolas rurais. *Método:* pesquisa com etnoenfermagem, realizada em comunidades quilombolas no estado da Bahia, Brasil, nos meses de janeiro a dezembro de 2014. Para coletar os dados, utilizou-se a Observação-Participação-Reflexão com registros em diário de campo e guia etnodemográfico. Participaram 25 mulheres quilombolas rurais que experimentaram gestação e parto. Os dados foram analisados com base na Teoria Transcultural do Cuidado. *Resultados:* muitos aspectos de cuidados alimentares, terapias complementares, conhecimento do corpo, relacionais, comunitários e políticos experimentados pelas mulheres quilombolas ampararam benefícios à saúde e outros potencializaram vulnerabilidades para o adoecimento. *Conclusão:* as proposições de cuidado cultural para a enfermagem frente a aspectos da saúde reprodutiva de mulheres quilombolas rurais podem favorecer maior empoderamento dessas mulheres e o enfrentamento de vulnerabilidades sociais.

Descritores: Enfermagem Transcultural. Saúde Reprodutiva. Saúde das Minorias Étnicas. Saúde da Mulher.

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Objetivo: describir las proposiciones de cuidado cultural para la enfermería delante aspectos de la salud reproductiva de las mujeres cimarrones rurales. Método: investigación con enfermería étnica, realizada en comunidades cimarrones en el estado de Babía, Brasil, en los meses de enero a diciembre de 2014. Para recopilar los datos, se utilizó la Observación-Participación-Reflexión con los registros en el diario de campo y guía étnico-demográfico. Participaron 25 mujeres cimarrones rurales que han experimentado el embarazo y el parto. Los datos fueron analizados con base en el cuidado transcultural, la teoría. Resultados: muchos aspectos del cuidado alimenticio, terapias complementarias, conocimientos del cuerpo, relacionales, comunitarios y políticos experimentados por mujeres cimarrones sostuvieron beneficios de salud y otros potenciaron las vulnerabilidades de la enfermedad. Conclusión: las proposiciones de cuidado cultural para la enfermería delante aspectos de la salud reproductiva de las mujeres cimarrones rurales pueden promover un mayor empoderamiento de la mujer y de afrontamiento de la vulnerabilidad social.

Descriptor: Enfermería Transcultural. Salud Reproductiva. Salud de las Minorías Étnicas. Salud de la Mujer.

Introduction

The care with black rural female maroons has been observed as a challenge, with urgent needs to confront the social and environmental vulnerabilities to which they are exposed⁽¹⁾. Professional care in reproductive health provided to these women, in many situations, is not in harmony with their ways of life and considers their knowledge as marginal, when recognizing only the biomedical care⁽²⁾.

The advance in the improvement of pre-natal care and its reflection in reducing mortality of women in Brazil, especially during pregnancy, have enabled the identification of inequalities, when dissecting the information by place of residence, race/skin color, income, among other aspects. There are differences between pre-natal care with Brazilian rural and urban women, with the first ones more exposed to situations of vulnerability in health. This situation highlights the persistence of regional and social inequalities in access to adequate care. There has been impairment of quality of care and care during pregnancy, childbirth, puerperium and abortion, especially in rural contexts, as of the majority of the female maroons⁽³⁾.

In addition, female maroons experience the implicit racial bias. Racism is a social determinant that leverages their difficulties to access reproductive health of quality. This fact occurs not only by the opportunity to access, but also by the possibility of distribution of benefits and opportunities to the various groups, whose

starting point has the racial character⁽⁴⁾. There are inequalities in the evolution of deaths from pregnancy-related hemorrhage among white and black women. In the period from 2000 to 2012, these deaths decreased 34.05% among white women and increased approximately 6% in the population of black women. In this context, black women have been the target of maternal mortality in Brazil⁽⁵⁾.

A bibliographic survey performed at databases of Scientific Electronic Library Online (SciELO) and Latin American and Caribbean Literature in Health Sciences (LILACS), using the keywords “transcultural nursing”, “ethnic nursing” and “maroons”, with a cutout for Brazilian articles, between the years 2004 and 2014, found 147 articles, with 43 related to the thematic maroons and health. Few studies focused on formulating care strategies in reproductive health of black female maroons. Therefore, it is relevant to develop studies and researches that have as point of convergence strategies of professionals’ involvement with the culture of female maroons, considering that the overall modern logic has led to the disparagement of cultural traditions.

The cultural competence refers to the attitude to be able to recognize and take care of people in their dynamics and real and/or about-to-happen problems. To manage this competence, professionals should enhance relationships, develop listening skills and manage adverse situations, with multidisciplinary work and

collective projects, establishing partnerships and commitments with people, respecting their ways of life, their family⁽⁶⁾. The definition of cultural competence resembles the definition of cultural care addressed in a study that discusses cultural diversity and universality of care⁽⁷⁾.

With these considerations, this article aimed to describe cultural care proposals for nursing regarding aspects of the reproductive health of rural female maroons.

Method

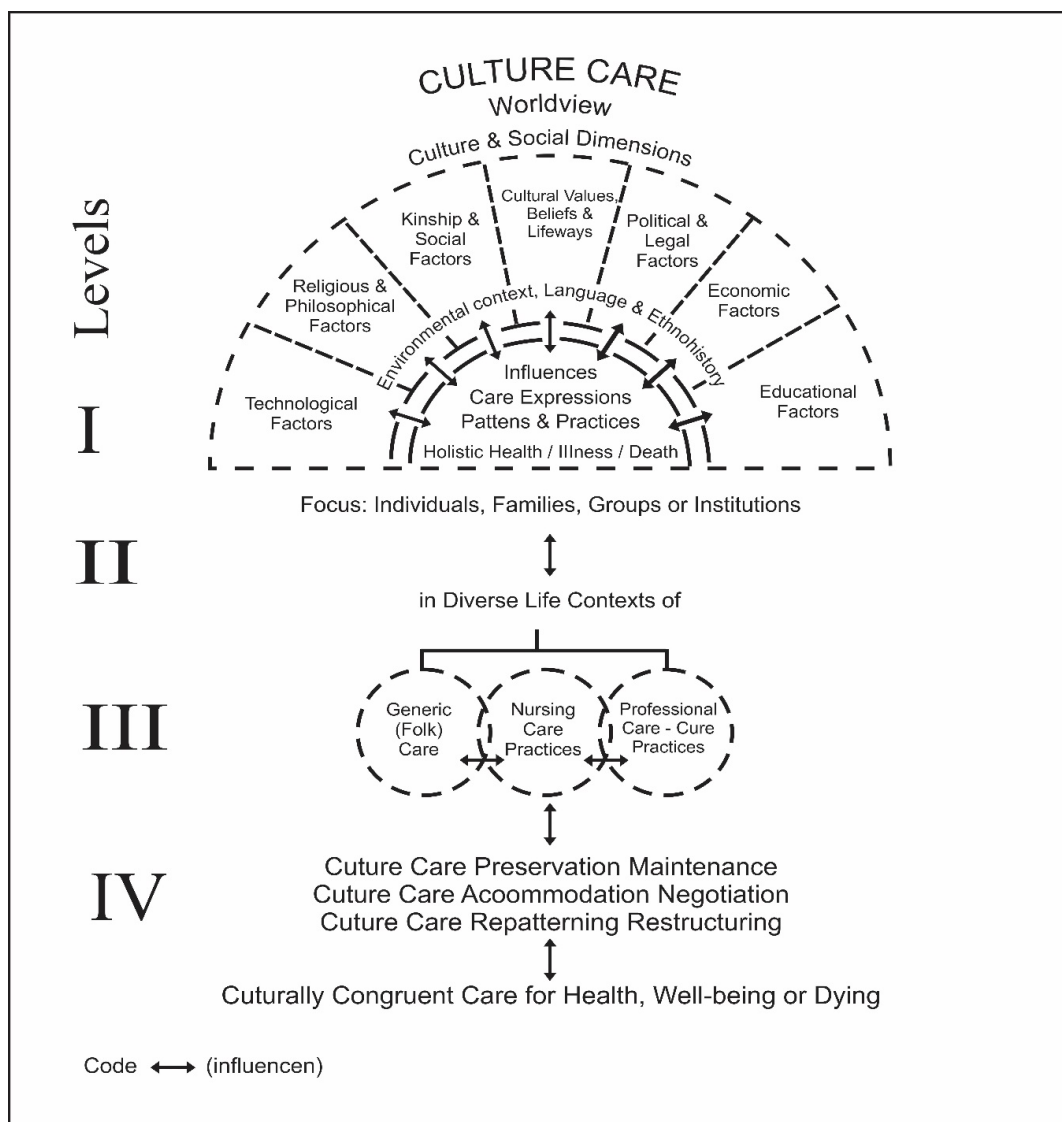
This is an exploratory, descriptive research, with qualitative approach, whose theoretical

methodological approach was the Transcultural Care Theory. The criteria of the International Guide Consolidated Criteria for Reporting Qualitative Research (COREQ) was followed.

The transcultural care theory and Sunrise Model

In the transcultural care theory, the author⁽⁷⁾ proposed an operating scheme to systematize the theoretical concepts that allow for knowing the meaning of care in diverse cultures and named it as Sunrise Model, symbolized by the rising of the sun (Figure 1).

Figure 1 – Sunrise Model proposed by Leininger



Source: Created by the authors based on Leopardi⁽⁸⁾.

Schematically, the figure has two parts: top and bottom. The figure represents a semi-circle, the image of the sunrise, which represents the world of everyday life, the universe of life of the individual and/or community. In the upper part, there are factors of worldview and structure of social life that influence forms of care. These factors are interconnected, so that their influence in care and in health occur through language and environmental context. At the bottom of the figure, there are the health systems. These are discriminated as professional, popular and nursing systems. In this representation, the nursing should know and research this entire universe – life context – to understand how human care happens and its implications on health.

On the left, there are the care levels ranging from I to IV. The first level allows for checking aspects of social life and the world understanding and experience of people. The second allows for discoveries about the forms of care concerning individual and family aspects, and the culture of the health service, focusing on the findings of their expressions and meanings. In this case, one needs to be immersed in the culture to acquire a genuine knowledge of that reality. The third level focuses on the differences and similarities between the popular and professional health systems.

Finally, the fourth level aims at the development of nursing care and must be countersigned, valued and related to culture. The identification of its aspects represents the construction of a care congruent with culture. In this perspective, the article discusses three possibilities of action: preservation and/or maintenance of cultural care, which relates to professional actions that collaborate with people from a certain culture to preserve relevant care values, in order to cope with difficulties and maintain the well-being; accommodation and/or negotiation of cultural care, which refers to the professional actions that collaborate with people from a culture based on negotiations, that is, shared discussions, details of the popular care that can be rearranged for a more beneficial

health outcome; and, finally, the repatterning or restructuring of cultural care, which explains professional actions that collaborate with people from a culture in order to rearrange, change their ways of life for new and beneficial care standards, in a co-participating way, establishing better standards of care, practices or outcomes⁽⁷⁾.

Methodological procedures

The study was carried out between the months of January and December 2014, in a maroon community of the Recôncavo da Bahia, Brazil, characterized by the situation of rurality and mangrove soil. The main sources of economy and subsistence are plant extraction, emphasizing the cultivation of cassava and palm oil, and the work of fishing, especially shellfish. This is the main economic activity carried out by women, together with unpaid care work, developed within the family/household.

The entrance in the field and the contact with the study participants was preceded by direct contact with representatives of the local Maroon Council and by the researcher's participation in their meetings.

The participants were key-informants and general informants. The inclusion criteria of key-informants were: being a female maroon; residing in the study community; and having already experienced the reproductive events of pregnancy and childbirth. For general informants, the criteria were: being a person known in the community; performing care with women in reproductive events (health agents, professionals from the local family health unit, prayers, midwives, responsible for African-based religions). The exclusion criteria for both participants were not presenting physical and/or mental conditions for conversation; adolescents not authorized by the guardians to participate in the study. The key- and general informants were selected based on the technique of snow ball, started with an indication of local leaders.

The techniques used were of systematic observation, having as instrument the field diary and an ethnic-demographic guide. Data

analysis was performed in four steps proposed in the ethnic nursing method⁽⁷⁾: seizure of data (refers to the collection and documentation of raw data, with identification of keywords relating to the research problem); summary (identification of descriptors and indicators identified in the deepening of data readings); theorization (contextual analysis and current patterns, interpreting the categories according to theoretical reference); and re-contextualization (identification of themes and relevant findings of the research, in addition to the articulation of results with the scientific literature).

The data extracted from the participating observation, reflection and ethnic-demographic guide allowed for the construction of three charts that expose summaries categorized based on the proposal of the Culture Care Theory, in relation to the modes of decisions and actions of nursing for care congruent for the culture, assigning them to preservation, negotiation or restructuring⁽⁷⁾. Finally, these three thematic categories were discussed based on multi-references.

Thus, the care and the aspects that were valued by women and expressed benefits for health and community life were described in a chart called "Actions for Care Preservation". The care or aspects valued by women as potentially beneficial, but whose interface had vulnerabilities to illness, were listed in the negotiation action mode; those aspects meaning difficulties and vulnerabilities, suffering or problems and not expressing benefits for life and health were included in the care restructuring action mode.

The ethical principles in researches involving human beings were observed in accordance with the Resolution n. 466/2012 of the National Health Council. Consent was obtained from the Municipal Health Department and from the Maroon Council. The project was approved by the Research Ethics Committee, CAAE number 29433014.1.0000.5531.

Results and Discussion

Next, there is a brief presentation of the socioeconomic characterization of the studied women and the care proposals, whether maintenance, negotiation and repatterning of cultural care, based on aspects observed in the participants' ways of life.

Women's socioeconomic characterization

The participants had low schooling, most had not completed basic education and some were illiterate; were in a stable union; and lived in a household with an average of five people. All self-reported black. Most women had low socioeconomic condition. The sources of income and subsistence were agricultural work, fishing, with shellfish production, and social benefits, such as Family Allowance, Green Allowance and School Allowance. Politically, the community was organized by means of councils and associations of residents, which gathered systematically. These characteristics resemble those of other Brazilian female maroons, denoting a profile of health vulnerability and, at the same time, its traces of resistance and resilient coping⁽¹⁾.

Preservation and/or maintenance proposals of cultural care

Chart 1 shows cultural aspects observed in the community, considering the potentialities, both in the emic perspective, once women appreciated some own skills and care and revealed that they were often the only forms of care presented for them, as in ethical perspective, because one understands they are effective care, as they solve or may help solve or alleviate health and/or social problems. Next, there are some contextual considerations, with the purpose of explaining the decision to propose the preservation.

Chart 1 – Cultural aspects of popular care in reproductive health of female maroons with reflections for care preservation and/or maintenance action

Subcategories	Cultural aspects observed
Food care	Eating habits to prevent anemia using vegetables with higher iron content, such as okra, beets, beans, kale, genipap; postpartum diet with restrictive foods; restriction of pepper during pregnancy, avoiding premature birth and abortions.
Complementary therapies	Prayers and blessings in pregnancy; use of herbal medicines in the form of baths and teas during pregnancy and childbirth. Women harvest or buy herbal remedies, such as cotton flower, American basil, aroeira, fennel, lion's ear; massages; use of spiritual protective objects and props; beliefs and behaviors related to body movement: not sitting on rock or pestle, not jumping animal rope, not lifting weight; postpartum and post-abortion protective practices; resting and hygiene practices in the puerperium.
Body knowledge, self-esteem and protagonism	Aesthetic appreciation and self-esteem of women. Appreciation behaviors of their black woman traits; valuing braids, turbans, makeup, Afro-style clothing; participating in cultural actions with dances and music related to black culture; women show knowledge of the body and gestational time count and signs and symptoms of childbirth that help them in the self-care process on the verge of seeking professional care; positive health assessment focused on popular care.
Relational, community and political aspects	Solidarity network (help from family, neighbors, community and spiritual leaders); family involvement in orientations for pregnant women; formation, organization and political mobilization of the community through maroon community association, with meetings and discussions of community problems systematically and periodically; ethical aspects of family and community care commitments and responsibilities.

Source: Created by the authors.

The cultural aspects observed concerning knowledge of the body, care in the period near childbirth, autonomy and participation of many women at childbirth are of great importance and require preservation, actions to increase incentives and capabilities for deepening in the community studied, in view of the influence of gender issues in health. This approach favors the deconstruction of gender bias, understood as a biological factor that prevents women from having control over their own bodies and making conscious choices related to their sexuality and health. Therefore, knowledge and leadership of women allow for coping with a situation of subordination in existing relations between professionals and users⁽⁹⁾.

As for the use of plants and animals for teas, baths and prayers and even the prospect of restriction and recommendations of certain foods

in specific periods of experience in reproductive health reflect the presence of traditional medicine, with its principles of healing. Furthermore, they also show the culture of female maroons, the culture of a people and their memory, indicating the connection of this form of care with the way of life related to the environment, with a natural world. This connection is evidenced when animals and plants are transformed into medicines produced in various ways, such as witch doctor's beverage, lickers, teas for bathing or ingestion and prayers⁽¹⁰⁾. Thinking of the preservation of this form of care is imbricated with the appreciation of the experience and respect for the way of living of diverse communities, who have learned with their ancestors, based on oral transmission, care practices that express positive results, beliefs, behaviors and attitudes.

The importance of religiosity in the comfort and well-being of women was an aspect observed. The construct of devised cultural care based on prayers, blessings and spiritual beliefs, observed in the way of life of many female maroons in aspects of prevention, health promotion and care in reproductive health, promotes thinking the preservation, having in view the understanding of religion as an inflow of healing and caring. In this perspective, the services, the blessings and protection operate senses expanded the understanding of health and produce a logical sociocosmopolitic of the healings and relations. The spaces of healing have place for religiosity as intermediaries for the care⁽¹¹⁾.

The observed aspects of the network of solidarity, family involvement, ethics and responsibility of care refer to the thought of the concept of *quilombo* while community in solidarity, in coexistence and existential communion⁽¹²⁾. This perspective that directs the proposal of preservation of care, mirrored in the care received in family care and neighborhood by the female maroons in their needs in different moments of sexual and reproductive life, need to be preserved in daily nursing care and services. Despite being set up as a principle of the Unified Health System, there are, in practice, aspects and relations of distancing between users and professionals.

Therefore, solidarity is understood as reciprocity or interdependence, and such a reciprocity maintains the strengthened social relations, in addition to providing the assistance

between members of a group, ensuring internal cohesion⁽¹³⁾. Moreover, solidarity is understood to have therapeutic value, when keeping commitment and responsibility of a network running in an articulate manner, with co-responsibility among the various services and health levels, as well as among professionals, users and society. Thus, the solidarity allows for reviving a particular network of attention.

The organization and political mobilization observed within the community, of which many women participating in the study are part, is an aspect of great value for the preservation of cultural care. In this sense, health professionals' attention is drawn to reflect on this experience that enables facing vulnerabilities in health and learning about political participation, so necessary in the healthcare context.

Corroborating the findings of another study⁽¹⁴⁾, pregnancy and childbirth are intertwined by historic and cultural constructions, in addition to gender approach. Therefore, it is necessary to pay attention to the subjectivities and individualized identity of each woman, raising their values to provide consistency in care.

Accommodation and/or negotiation proposals of cultural care

Chart 2 describes the care or aspects valued by women, potentially beneficial, but with interface with vulnerabilities to illness, with reflections for the professional action of care negotiation.

Chart 2 – Cultural aspects of popular care in reproductive health of female maroons with reflections for care negotiation action

Subcategories	Cultural aspects observed
Food care	Food with shellfish and olive oil signaling the relationship with hypertension in pregnant women; description of inadequate nutrition during pregnancy, with several pregnant women with anemia.
Complementary therapies	Women expressed distrust regarding the quality of the medications provided for contraception. They complained of a lack of gynecological care. Many were unaware of contraceptive methods. Many young women are large multiparous with more than 5 children; low demand for postpartum health services; restriction of gynecological and reproductive planning services; description of women about delayed results of pap smear, cytopathological tests.
Body knowledge, self-esteem and protagonism	Dosage, causes and effects of herbs used during pregnancy in the form of teas for oral use; accidental births, with risk of obstetric and neonatal complications. Women complained of a lack of midwives and resolute services near the community; some medicinal herbs needed to be purchased, denoting loss of cultural resources.
Socioenvironmental barriers and vulnerabilities	Work performed by pregnant women in the tide or in agriculture, amid pregnancy complications; triple workday; difficult access to transportation to health services.

Source: Created by the authors.

The diet with shellfish and palm oil is a routine in the life of the studied women. Since these foods are part of the community's environmental culture, which is situated on the banks of the Paraguaçu River, it is important to negotiate this aspect with the women, once food preferences and condition of access to food must be considered in the process of nutritional guidance⁽¹⁵⁾. In the control of food-related hypertension, the scientific literature refers to seafood (shrimp, oysters, shellfish, lobster) as a source of cholesterol and to palm oil as food source of saturated fatty acids. Foods saturated in fats and high in cholesterol have direct and diverse influence on levels of lipids in the bloodstream, especially cholesterolemia. These foods should be avoided in cases of dyslipidemias, because changes in blood fats influence the elevation of blood pressure⁽¹⁶⁾.

Systemic arterial hypertension has a well-consolidated definition. It is a pathology of multiple etiology, characterized by elevation of blood pressure levels with impacts on structures and functions of major organs such as kidneys,

heart, blood vessels and brain, as well as impacts on organic metabolism⁽¹⁶⁾.

Arterial hypertension and anemia are identified by health professionals in the community as problems that have affected women and are related to the food factor. However, other social and economic aspects may also be related to the onset of hypertension in women. Therefore, this demand requires other studies and deepening. In other maroon communities, hypertension is drawing attention as a health problem and is related to factors such as socioeconomic conditions⁽¹⁾. In any case, discussions and negotiations with a view to improving lifestyle, regardless of the cause, controlling the ingestion of palm oil and shellfish must be tried to prevent new cases and care for women who already have the disease.

In relation to anemia, even though women implement popular care of using plants known to be high in iron, the care negotiation is proposed, in order for the nurse and other health professionals enable the facilitation of a diversified balanced diet, as well as the

reorientation of supplementation of necessary nutrients. Furthermore, the occurrence of this problem among these women should be investigated more deeply.

Aspects observed and told by women related to the services of attention to women's health, such as mistrust in relation to the quality of contraceptive methods provided, disability in the provision of gynecological care and reproductive planning, complaints about the delay in results of the pap smear, configure facets of political vulnerability to be faced by maroon communities and by health services, with the nurse as key professional in this context. The low demand of women by service during postpartum and the unfamiliarity appointed by them about methods of preventing pregnancy, added to the situation of multiparity, especially young women, indicate needs for negotiations with the local health policies for the development of better healthcare on reproductive and sexual health for the maroons.

This political vulnerability is related to public actions of coping of problems and illnesses, goals and actions proposed in the various programs and governmental organizations or not, as well as the distribution of resources for prevention and control of problems and illnesses. Social control, definition of specific policies, sustainability and evaluation of policy, articulation and intersectoral activities, care integrality, quality of services, technical-scientific preparation of professionals and teams, commitment and responsibility of professionals, respect, protection and promotion of human rights are examples of factors that allow for evaluating this type of vulnerability⁽¹⁷⁾.

Among the women studied, the use of fennel tea during pregnancy is quite common. The fennel has been used culturally for a long time. Nevertheless, theoretical notes regarding the use of this herb in gestation is related to the possibility of complications. Therefore, it is contraindicated in pregnancy⁽¹⁸⁾. For this reason, it is important to negotiate a qualification with women to direct the safe use, deepening studies on dosages that may be therapeutic, without prejudice to the pregnant woman and the fetus.

This measure will provide more safety to the nurse to perform guidelines supported by the logic of rational use⁽¹⁹⁾.

The use of herbs, such as lion's ear and white cashew, in the form of baths and teas at the end of gestation, to accelerate delivery, is a well-known cultural care among the studied women. This technology, which many midwives used in their daily work, provided fast deliveries. Nonetheless, the continuity of care, in case of absence of midwives and prospected limited access to transport, may explain the occurrence of accidental delivery. Some women even reported that they used this care for the stay in the hospital service as minimum as possible, regarding the inhumane assistance received in this environment.

Concerning this process and the possibilities of complications of accidental delivery, without access to local human resources to provide adequate assistance, this care should be negotiated, so as to allow for greater safety for the woman and her child. Nevertheless, the popular care considered effective must not be forgotten and neglected by women. It can be discussed for its expansion and rational use, encouraging its implementation when in the presence of people in the community with dexterity, guidance and leadership to care for/help a woman at that moment or within the professional environment of care. In this respect, the proposal of negotiation is also for the health service, which can maintain its technical care and allow for the woman's protagonism, appreciating her experience of using popular therapy to facilitate labor, making the experience more enjoyable, dynamic, participatory and human⁽²⁰⁾.

Some herbs, such as pennyroyal, wormwood, oil palm and white onion, need to be bought in local commerce. Some women have reported that they could also be found in the local flora. In this perspective, there is need to articulate with these forms of revitalization and recovery of plant resources, discussing replanting, to encourage the strengthening and preservation of the cultural framework. This dynamic can even be extended to foster entrepreneurial action

and economic source for the community, which possesses land conducive to agricultural crops.

Nonetheless, the endangered Brazilian mangroves cannot be ignored, losing their power, because there has been invasion of areas by industries, polluting actions and changes in the dynamics of obtaining water resources. These factors end up resulting in breakage and loss of vegetation cover, vulnerabilities and risks to the survival of many traditional communities⁽²¹⁾.

Another aspect identified in the everyday life of women who participated in this study, which permeates the reproductive health, is the use of time and work, which intersect with the social class. Moved by the needs of family care, they executed a large labor force during pregnancy, inside and outside of the household environment, reporting, in many situations, physical exhaustion. In addition to the work as shellfish gatherers, fishers and farmers, they used a large part of the time in the work of social reproduction, taking care of the household chores, children, partners and other demands.

In this context, there were double, triple, large workdays, characterizing gender inequalities also for female maroons. Several studies addressing the use of time in the dynamics between work

and everyday life of women claim that this unfair diagnosis should direct actions of social movements and managers of public policies for constructions of agendas that discuss equality and knowledge of this social vulnerability widely in various sectors of society⁽²²⁾.

In case of pregnant women, these situations may indicate damage to health, incurring the risk during pregnancy, causing early delivery and problems in health and development of the child. The national scientific literature refers to the importance of routine work without overload and with a worthy interval of rest. The health risks can be minimized, since, in this case, 8 daily working hours should be the maximum scope. Furthermore, the right to maternity leave enables women to better take care of the newborn, can prevent the occurrence of chronic illness and maternal mortality^(5,22).

Restructuring or repatterning action and decision proposals of nursing care

The aspects that meant difficulties and vulnerabilities, suffering or problems and did not expressed benefits for the life and health were designated as an action mode for the restructuring of care and are described in Chart 3.

Chart 3 – Cultural aspects of popular care in reproductive health of female maroons with reflections for care repatterning or restructuring action

Subcategories	Cultural aspects observed
Relation with professional care	Pregnant women discharged from prenatal care; late start of prenatal care due to socio-environmental barriers and access to services; experiences and stories of institutionalized obstetric violence in childbirth and abortion; occurrences of unsafe abortion; experiences and stories of institutional racism reported by female maroons.
Socio-environmental barriers	Occurrences of unwanted pregnancy; stories of teenage pregnancy and dropout; low educational level; many young women do not complete elementary and/or high school. Some reveal a desire for returning to school; gender inequality at work, double or triple and continuous working hours; concealment of some women in seeking care in African-based religions; report of shellfish women with constant body itching after contact with water and mud from the mangrove.

Source: Created by the authors.

The health service needs to assess the situations of the occurrence of release/discharge of pregnant women in the pre-natal care, considering that policies that guide professional action in primary health care refer to the prospect of protection and greater frequency of consultations at the end of gestation, for better evaluation and follow-up of perinatal risk and the most common clinical-obstetric interurrences during this period⁽³⁾. Therefore, this professional behavior needs to be repatterned, once it is inadequate to provide more comfort and safety for women, unlike the discharge, which detach the woman from the service. In this way, there is need to organize actions of expansion of bonds with the service and follow her up with reception and continuous risk classification, to improve the care quality^(3,23).

The late beginning of prenatal care, already recognized as a risk factor for maternal and fetal complications, enhances the inadequacies. This fact demands multiprofessional actions of articulation of health programs and services, in the perspective of fostering positive impacts in maternal-child health in populations with care vulnerability^(3,23-24).

The conditions of racial and gender discrimination, associated with the obstetric experiences of violence in labor and in cases of abortion, reported by women themselves, give credits to the planning of actions and decisions to restructure the professional approach in the healthcare with female maroons. These observations and information of women confirm observations about the reality of institutional care provided to women, reported by several authors^(1,5,20). Despite the innovations in the health care policies for Brazilian women, which recognize racism and sexism as health social determinants, in the last ten years, the reality has pointed out urgent and continuous coping needs⁽⁴⁾.

For this purpose, the political education and empowerment of women is pressing for effective exercise of social control. Thus, in view of the care restructuring, nurses from the family health clinics and related to the communities

by research bond can articulate community trainings on policy, racism, gender inequalities and empowerment of women supported by participatory methodologies.

These issues need to be discussed also at health team meetings, so that they can articulate the formation of a care network based on the difficulties presented by women. This network should contemplate the local assistance, articulation to create a delivery house in maroon communities and the formation of an observatory of violence and gender and racial inequalities, with intersectoral approaches⁽⁵⁾.

These proposals may be drawn with greater participation of women and the support of community associations already present in the communities. In the observation process of the community, one realized the little articulation of nurses and other health professionals with these social mechanisms. This aspect can be vitalized, structured, because coping with these social inequalities in favor of the community will be possible by the prospect of political involvement and by means of social movements^(4,12-13,17).

The training policy and the empowerment of women may contribute to change the social framework presented in the schooling level. The educational scores of these women can be raised, including effective actions of prevention of pregnancy in adolescence, which is translated as a factor associated with dropout⁽²⁵⁾. The community association allows for the nurse to articulate with the Municipal Education Department to promote local educational courses for young people and adults to complement the elementary and secondary education, as well as policies that encourage them for higher education.

Some work dynamics observed potentiate the mangrove region by the community, such as oysters, palm oil and cassava. However, there are large areas without cultivation of other agricultural products of great potential in the region, which could generate income sources for women in the community. Bearing in mind that the socioeconomic difficulties greatly affect reproductive and general health, the incentive

and articulation with specialized technical professionals that foster the expansion of agricultural crops and entrepreneurship for this community are of utmost importance, so that the young people identify conditions of survival to continue living in the locality⁽²¹⁾.

Furthermore, it is necessary to restructure the health care of the female worker. The occurrence of rashes and other organic reactions due to contact with the water of the river indicates loss of natural conditions of vitality and occurrence of contamination by chemical and physical products, denouncing degradation of the environment⁽²¹⁾. The health professionals responsible for the community need to be articulated with the health situation presented. For this reason, it is important to structure care with actions of research to uncover the causes of the problem. In this sense, care should be restructured to organize, train and provide individual and collective protection equipment that can prevent injuries and promote the health of female maroons.

This initial proposal of cultural care has its limitations, once it did not end with more extended proposals and discussions with women and their families. Nonetheless, they pointed out the questions directed to actions of preservation, negotiation or restructuring of care. Few articles apply the Culture Care Theory and could be used in the discussion of this work. However, Nursing has been using this theory its several practical areas and in different themes, a fact of interest for appreciation and advances of transcultural nursing.

Conclusion

Food care, complementary therapies, knowledge of the body, relational, community and political aspects with professional services are experienced by female maroons. Many aspects sustain health benefits and other potentiate vulnerabilities for the illness, as recognized by women. With this, nursing actions should be developed aiming at preservation, negotiation and repatterning of care to foster

greater empowerment of women in reproductive health care.

This article responds to level four of the Culture Care Theory. Many actions may be implemented in the context of cultural care with the female maroons studied, with views to transformations of services and everyday practices carried out by them. Several activities are glimpsed, involving care directly linked to health, but covering actions related to the field of constructions and political coping that affect health, as well as coping with social vulnerabilities, addressing gender, class, racial and generational inequalities.

One also reflects about the complexity present when proposing decisions and actions of cultural care excluding ethnocentrism, in addition to reflecting about the complexity of the proposal of actions, while researcher not involved in the direct care with the community. Nonetheless, the development of this ethnographic study constitutes a support for opening a line of research in academia, enabling both the introduction of the theme in the training curriculum for new nurses regarding the ripening of new investigations and university extensions that can collaborate to the cultural care with the reproductive health of female maroons. It also favors the articulation with the local health service, when meeting its needs.

The cultural care proposals for nursing regarding aspects of the reproductive health of rural female maroons can promote greater empowerment of women and the coping of social vulnerabilities.

Collaborations:

1 – conception, design, analysis and interpretation of data: Amália Nascimento do Sacramento Santos and Enilda Rosendo do Nascimento;

2 – writing of the article and relevant critical review of the intellectual content: Amália Nascimento do Sacramento Santos and Enilda Rosendo do Nascimento;

3 – final approval of the version to be published: Amália Nascimento do Sacramento Santos and Enilda Rosendo do Nascimento.

References

1. Bezerra VM, Medeiros DS, Gomes KO, Souza R, Giatti L, Stefens AP, et al. Inquérito de saúde em comunidades Quilombolas de Vitória da Conquista/BA: aspectos metodológicos e análise descritiva. *Ciênc saúde coletiva*. 2014;19(6):1835-47. DOI: 10.1590/1413-81232014196.01992013
2. Veliz-Rojas L, Bianchetti-Saavedra AF, Silva-Fernández M. Competências interculturais na atenção primária à saúde: um desafio para a educação superior frente a contextos de diversidade cultural. *Cad Saúde Pública*. 2019;35(1):e00120818. DOI: 10.1590/0102-311X00120818
3. Domingues RMSM, Viellas EF, Dias MAB, Torres JA, Theme-Filha MM, Gama SGN, et al. Adequação da assistência pré-natal segundo as características maternas no Brasil. *Rev Panam Salud Publica [Internet]*. 2015 [cited 2016 Jan 22];37(3):140-7. Disponível em: <http://portaldeboaspraticas.iff.fiocruz.br/wp-content/uploads/2018/07/v37n3a03.pdf>
4. Durand MK, Heideman ITSB. Determinantes sociais de uma comunidade quilombola e a interface com a Promoção da Saúde. *Rev esc enferm USP*. 2019;53:e03451. DOI: 10.1590/s1980-220x2018007703451
5. Diniz SG, Salgado HO, Andrezzo HFA, Carvalho PGC, Carvalho PCA, Aguiar CA, et al. Violência obstétrica como questão para a saúde pública no Brasil: origens, definições, tipologia, impactos sobre a saúde materna, e propostas para sua prevenção. *J Hum Growth Dev*. 2015;25(3):377-84. DOI: 10.7322/jhgd.106080
6. Castillo LO, López-Díaz L. Competencia cultural de enfermeras en salud pública con población indígena. *Av enferm*. 2019;37(1):9-18. DOI: 10.15446/av.enferm.v37n1.68513
7. Leininger MM, Mcfarland MR. *Culture care diversity and universality: a worldwide nursing theory*. 2a ed. New York: Jones and Bartlett Publishers; 2006.
8. Leopardi MT. *Teorias em enfermagem: instrumentos para a prática*. Florianópolis: Papa-Livros; 1999.
9. Silva ALS, Nascimento ER, Coelho EAC. Práticas de enfermeiras para promoção da dignificação, participação e autonomia de mulheres no parto normal. *Esc Anna Nery*. 2015;19(3):424-31. DOI: 10.5935/1414-8145.20150056
10. Kagan CMC. E quando a cura vem da mata? Em forma de planta e em forma de bicho! Um olhar antropológico sobre a medicina tradicional dos Pitaguary de Monguba, suas técnicas e seus rituais. In: Andrade JT, Melo ML, Holanda VMS. *Saúde e cultura: diversidades terapêuticas e religiosas*. Fortaleza: EDUECE; 2015. p. 233-53.
11. Ramos JDD. A religião é como uma medicina. Aprontamento, cosmopolítica e cura entre umbandistas em Mostardas, Rio Grande do Sul. In: Andrade JT, Melo ML, Holanda VMS. *Saúde e cultura: diversidades terapêuticas e religiosas*. Fortaleza: EDUECE; 2015. p. 22-55.
12. Nascimento A. Uma mensagem do quilombismo. In: Nascimento A, organizador. *O negro revoltado*. 2a ed. Rio de Janeiro: Nova Fronteira; 1982. p. 24-35.
13. Turcato JA. A solidariedade como um postulado da razão comunicativa e da ética do discurso. Thaumazein [Internet]. 2010 [cited 2015 Mar 17]; 3(6):50-68. Available from: <https://periodicos.ufn.edu.br/index.php/thaumazein/article/view/163/pdf>
14. Camargo FCM, Lima RFS, Santos AM, Silva LR, Santos IMM. A aplicabilidade da teoria do cuidado cultural por enfermeiras nos periódicos de saúde do Brasil (1992-2011). *Rev pesqui cuid fundam*. 2014;6(4):1743-55.
15. Brasil. Ministério da Saúde. Secretaria de Atenção à Saúde. Departamento de Atenção Básica. *Guia alimentar para a população brasileira*. 2a ed. Brasília, DF; 2014.
16. Malachias MVB, Souza WKS, Plavnik FL, Rodrigues CIS, Brandão AA, Neves MFT, et al. 7ª Diretriz Brasileira de Hipertensão Arterial. *Arq Bras Cardiol [Internet]*. 2016 [cited 2016 Apr 20];107(3supl3):1-83. Available from: http://publicacoes.cardiol.br/2014/diretrizes/2016/05_HIPERTENSAO_ARTERIAL.pdf
17. Oviedo RAM, Czeresnia D. O conceito de vulnerabilidade e seu caráter biossocial. *Interface (Botucatu)*. 2015;19(53):237-50.
18. Gonçalves KG, Pasa MC. Saber local e as plantas medicinais na comunidade Sucuri, Cuiabá, MT, Brasil. *Biodiversidade*. 2015;14(2):50-73.
19. Rocha BS, Werlang MC. Psicofármacos na Estratégia Saúde da Família: perfil de utilização, acesso e

- estratégias para promoção do uso racional. *Ciência & Saúde Coletiva*. 2013;18(11):3291-300.
20. Watson H, Harrop D, Walton E, Young A, Soltani H. A systematic review of ethnic minority women's experiences of perinatal mental health conditions and services in Europe. *PLoS One*. 2019;14(1):e0210587. DOI: 10.1371/journal.pone.0210587
21. Instituto Chico Mendes de Conservação da Biodiversidade. Atlas dos Manguezais do Brasil. Brasília; 2018.
22. Bandeira LM, Petrurlan RB. As pesquisas sobre uso do tempo e a promoção da igualdade de gênero no Brasil. In: Fontoura N, Araújo C, Barajas MPL, organizadoras. *Uso do tempo e gênero*. Rio de Janeiro: UERJ; 2016. p. 43-60.
23. Cassiano ACM, Carlucci EMS, Gomes CF. Saúde materno infantil no Brasil: evolução e programas desenvolvidos pelo Ministério da Saúde. *Rev Serv Público*. 2014;65(2):227-44.
24. Hernández-Vásquez A, Vargas-Fernández R, Bendezu-Quispe G. Factors associated with the quality of prenatal care in Peru. *Rev Peru Med Exp Salud Publica*. 2019;36(2):178-87. DOI: 10.17843/rpmpesp.2019.362.4482
25. Sousa CRO, Gomes KRO, Silva KCO, Mascarenhas MDM, Rodrigues MTP, Andrade JX, et al. Fatores preditores da evasão escolar entre adolescentes com experiência de gravidez. *Cad saúde colet*. 2018;26(2):160-9.

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