DOI 10.18471/rbe.v34.34552 Original Article

QUILOMBO REMNANT COMMUNITIES: CONTRIBUTIONS TO THE PHYSICAL, SOCIAL, PSYCHOLOGICAL AND ENVIRONMENTAL DOMAINS

COMUNIDADES REMANESCENTES DE QUILOMBOS: CONTRIBUIÇÃO AOS DOMÍNIOS FÍSICO, SOCIAL, PSICOLÓGICO E AMBIENTAL

COMUNIDADES REMANENTES DE QUILOMBOS: CONTRIBUCIONES PARA LOS DOMINIOS FÍSICO, SOCIAL, PSICOLÓGICO Y AMBIENTAL

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How to cite this article: Peixoto MC, Jacobi CCB, Borges-Paluch LR. *Quilombo* remnant communities: contributions to the physical, social, psychological and environmental domains. Rev baiana enferm. 2020;34:e34552.

Objetive: to compare life quality of people living in *quilombo* remnant communities in municipalities of Bahia. Method: descriptive and quantitative research involving inhabitants of two *quilombo* communities in the state of Bahia. Life quality data were collected by means of the WHOQOL-Bref questionnaire. Data were analyzed in terms of similarities and differences between the chosen variables in each community. Results: with regard to the physical domain pain and discomfort, which cause lack of energy for routine activities and fatigue, had a low score. In the psychological domain the score for spirituality was also low in both communities. In the environmental domain the variable financial resources obtained low scores, but in the social relations domain satisfactory results were obtained. Conclusion: the general analysis of the facets scores shows that both *quilombo* communities have similar profiles.

Descriptors: Life Quality. Ethnic Groups. Vulnerable Populations.

Objetivo: comparar a qualidade de vida de pessoas que vivem em comunidades remanescentes de quilombos em municípios baianos. Método: pesquisa de caráter descritivo e abordagem quantitativa aplicada a moradores de duas comunidades remanescentes de quilombo, localizadas no estado da Bahia. Para a coleta de dados de qualidade de vida foi aplicado o formulário WHOQOL-Bref. Os dados foram explorados quanto às similaridades e diferenças entre as variáveis estudadas em cada comunidade. Resultados: com relação ao domínio físico, há baixo escore nas variáveis dor e desconforto, que causam falta de energia para as atividades cotidianas e fadiga. Também houve baixo escore em espiritualidade no domínio psicológico nas duas comunidades. No domínio meio ambiente, a variável recurso financeiro obteve escores baixos, mas o domínio relações sociais apresentou resultados satisfatórios. Conclusão: na análise geral dos escores das facetas, percebe-se que as comunidades remanescentes de quilombos possuem perfis semelhantes.

Descritores: Qualidade de vida. Grupos Étnicos. Populações Vulneráveis.

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Objetivo: comparar la calidad de vida de los residentes en comunidades remanentes de los quilombos en municipios de Bahía. Método: investigación descriptiva y cuantitativa realizada con residentes de dos comunidades remanentes de los quilombos en el estado de Bahía. Los datos sobre calidad de vida se recolectaron a través del cuestionario WHOQOL-Bref. Esos datos fueron analizados en términos de similitudes y diferencias entre las variables elegidas en cada comunidad. Resultados: en lo que se refiere al dominio físico dolor y malestar, que causan falta de energía para realizar las tareas cotidianas y fatiga, obtuvo bajo puntaje. En el dominio psicológico el puntaje para espiritualidad también fue bajo en ambas comunidades. En el dominio ambiental la variable recursos financieros recibió puntaje bajo. Sin embargo, en el dominio relaciones sociales los resultados fueron satisfactorios. Conclusión: el análisis general de los puntajes de las facetas muestra que ambas comunidades tienen perfiles similares.

Descriptores: Calidad de Vida. Grupos Étnicos. Poblaciones Vulnerables.

Introduction

The *mocambos* or *quilombo*s in Brazil were the result of real and objective life conditions and treatment of African and African-descendant slaves who developed strategies to oppose the system. The inhabitants of these territories are called *quilombolas* and represent the fight against slavery in Brazil[1].

There are in this country black rural and urban communities legally recognized as Territory of *Quilombo* Remnant Communities which are located in areas of former *quilombo*s. Those communities are composed of black race/ethnicity groups with specific territorial relationships and characterized by their resistance to the oppression suffered along the centuries. The recognition of these territories represents an important achievement of the Afro-descendant communities in Brazil[2].

It is important to note that Brazil is the country with the highest number of black people outside the African continent. Consequently, it is unacceptable to deny or to ignore the needs of this population in terms of education, labor market, health services and public policies to improve their quality of life (QL)[3].

Over the last three decades the QL has become an important tool to analyze health assistance. During that period there was an improvement and sophistication of assessment methodologies that measure the perception of each individual. It is important to highlight that the QL encompasses various aspects of human health and cannot be exclusively related to the access to good quality medical services[4].

Given this scenario of difficulties of access to community assets faced by inhabitants of *quilombo* remnant communities (QRC), this study aims to improve the knowledge about general aspects and health, as well as intrinsic and extrinsic factors that impact on the QL of these populations. Thus, our research question is: what is the QL of people living in *quilombo* communities in municipalities of the state of Bahia? Answering this question is relevant as it will provide information for the implementation of public policies based on the needs of this group.

Considering the above mentioned context, the general objective of this research was to compare the QL of people living in QRC in two municipalities of the state of Bahia.

Method

This was a qualitative descriptive research. Data were collected in two QRC located in the state of Bahia hereinafter referred to as QRC1 and QRC2. People living in QRC1 are attended in a health unit in the urban area of the municipality 5 km away from the community, and they receive the daily visit of a health care worker (HCW). The QRC2 is attended by a satellite (related to a Basic Health Unit used as support base by the team to decentralize medical care), health unit located in the community which facilitates the access to fortnightly medical and nursing consultations.

The number of participants was determined by statistical analysis in order to allow a stratified

random sampling and improve the accuracy of the population mean estimates. The QR1 has 365 residents of whom 251 are of age. The number of residents in the QRC2 is 649 of whom 472 are adults.

For sample calculation finite population correction, confidence interval of 95% and sampling error of five percent points were used, resulting in a sample of 160 individuals. Inclusion criteria were to be user of the Basic Health Unit (BHU) the resident has been assigned to, to be a resident at the QRC for at least one year, and to be of age. Exclusion criteria were not to accept being a participant of the research, individuals who were not in the community when data were collected, and those who were not found at their homes after three consecutive visits. The sample consisted of 143 individuals, 54 of which lived in the QRC1 and 89 in the QRC2. Seven inhabitants were excluded, because they refused to participate in the study, and 10 were not found after three visits.

Data were collected from September to November 2018. The interviews were carried out at the participants' homes in the presence of the HCW in both communities. In the QRC2 the interviews were conducted also at the satellite health care unit on service days.

The questionnaire included social, demographic and health questions. For QL assessment the validated WHOQOL-bref was used. It is composed of 26 questions: 2 general questions on life quality and 24 representing each one of the facets that form the instrument. The first question is about quality of common life; the second refers to the individual´s health. The remaining questions, in Likert Scale, are divided in four domains: physical, psychological, social and environmental capacities.

The facets in the scale are analyzed according to the following classification: "needs improvement" when the score varies from 1 to 2.9; "regular" when the score varies from 3 to 3.9; "good" for scores between 4 and 4.9; and "very good" when the score equals 5. The final QL score is obtained by adding up the participants' answers; the higher the sum the better the QL perception with the exception of items 3, 4 and 26 which have inverted scores.

Data were analyzed by means of descriptive statistics using the Statistical Package for the Social Science (SPSS) to calculate arithmetic mean, median (Md) and standard deviation (SD) of the participants' answers.

To verify the internal consistency of the QL evaluation tool in the sample the Cronbach Alpha Coefficient was determined. The coefficient estimates the reliability (internal consistency) of a research questionnaire increasing its solidity and relevance. Its minimum acceptable value to confirm the reliability of the answers is 0.70; values below 0.70 indicate that the internal consistency is compromised. A significance level of 5% ($p<0.05$) and a statistical confidence level of 95% were adopted.

The research was approved by the Research Ethics Committee under Opinion n. 2.586.014 and CAAE 86986618.8.0000.5025, and met the ethics standards involving human beings, as well as the strategic interests of the Unified Health System (SUS) according to Resolutions 466/12[5] and 580/18[6].

Results

The age range of the participants varied between 18 and 60 years. The predominant age range in the QRC1 was 25% in the range 21 to 30, as well as in the range 31 to 40 years. In the QRC2 the prevailing age range was 31 to 40 years (25.8%) followed by individuals older than 60 years (21.3%). The predominant gender in both communities was feminine (66.7% in QRC1 and 72% in QRC2).

The majority of the participants of both QRC (61.7%) were catholic, and in the QRC1 27.8% followed the protestant religion. Some of the interviewees stated they followed both the catholic and *candomblé* religion simultaneously. With regard to marital status, the majority was single (QRC1 44% and QRC2 32.6%), followed

by married individuals (24.1% and 30.3% for QRC 1 and 2, respectively).

With regard to education, a high percentage of individuals with high school degree was observed in both communities (27.8 and 22.5%, respectively). Notwithstanding, 9.3% were semi-literate (they just signed their own names), and 16.7% in QRC1 were illiterate, while in the QRC2 the values found were 28.1% and 5.6%, respectively.

General life quality evaluation

In the QRC1 Cronbach alpha values were significant (0.72), indicating good internal consistency of the domains (Table 1). As for QRC2, the general aspects value was 0.64 which shows a reasonable internal consistency of the domains (Table 2). The general score remained very close to 0.7, and indicates good consistency (Table 3).

Table 1 – Consistency of the Cronbach Alpha according to the domain in the *Quilombo* Remnant Community 1**.** Bahia, Brasil – 2018

Cronbach Alpha	Average Score	Cronbach Alpha	WHOQOL Score
Physical	3.571	0.354	0.422
Psychological	3.588	0.475	0.476
Social Relations	4.206	0.415	0.464
Environmental	3.336	0.536	0.511
General	3.576	0.720	0.732

Source: Created by the authors.

Table 2 – Consistency of the Cronbach Alpha according to the domain in the *Quilombo* Remnant Community 2**.** Bahia, Brasil – 2018

Cronbach Alpha	Average Score	Cronbach Alpha	WHOQOL Score
Physical	3.516	0.405	0.476
Psychological	3.568	0.468	0.443
Social Relations	3.691	0.312	0.314
Environmental	3.081	0.331	0.328
General	3.415	0.642	0.670

Source: Created by the authors.

Table 3 – Consistency of the Cronbach Alpha in the *Quilombo* Remnant Community 1 and 2. Bahia, Brasil – 2018

Cronbach Alpha	Average Score	Cronbach Alpha	WHOQOL Score
Physical	3.550	0.374	0.440
Psychological	3.580	0.458	0.447
Social Relations	4.012	0.415	0.456
Environmental	3.240	0.486	0.471
General	3.515	0.698	0.713

Source: Created by the authors.

Quality of life

Table 4 shows that the median in the QL general facet (How do you evaluate your quality of life?) was 5.00 (very good) in the QRC1and 4.0 (good) in the QRC2. As for the comparison of median values, the number obtained was 4.00, and the analysis of the communities' average shows that, in general, the answers were 3.87, a value close to neither good nor bad.

Table 4 – General quality of life, median and standard deviation of the *quilombo* remnant communities. Bahia, Brazil – 2018

Question	General quality of life	QRC1			QRC2			Geral	
		Average	MD	SD	Average	MD	SD	Average	MD
1	General quality of life	4.0	5.00	1.16	3.78	4.00	0.91	3.87	4.00
2	Satisfaction with own health	3.7	5.00	1.47	3.69	3.00	1.38	3.70	3.00

Source: Created by the authors.

Caption: QRC= *quilombo* remnant community; MD= median; SD= standard deviation.

The analysis of Table 4, related to the "satisfaction with own health", indicates that the median was 5.0 in QRC1 and 3.0 in QRC2. In general, the interviewees stated that their satisfaction with health was neither good nor bad (3.70). These results show that the participants are in the intermediate classification, since they consider their QL, in general terms, as being "neither good nor bad"; the same occurs with health satisfaction.

The data in Table 5 refer to the QL related to the Physical Domain and show that in both QRC the facets "pain and discomfort" and "energy and fatigue" had a median of 1.0 (very bad) and 2.0 (bad). When analyzing the results as a whole, it was observed that the average (2.05 and 2.12) point out that the participants suffered from some kind of pain and discomfort, felt tired and lacked energy. Also the facets "sleep and rest", "treatment and medication dependency", and "working capacity" obtained an average score varying from 3.82 to 3.98 indicating that the participants consider these facets neither good nor bad.

However, when the communities are individually analyzed, the "sleep and rest" and "mobility" scores in QRC1 were very good (Md=5.00), while in QRC2 the "mobility" and "everyday activities" scores were 5.00 (very satisfied).

In view of the above mentioned figures it might be said that, in general, the interviewees are neither satisfied nor unsatisfied with regard to the physical domain (Md=3.67) and its facets.

Table 5 – Quality of life, median and standard deviation of the physical domain in the *quilombo* remnant communities. Bahia, Brazil – 2018

Question	Facets	*Quilombo* Remnant Community 1			*Quilombo* Remnant Community 2			General	
		Average	MD	SD	Average	MD	SD	Average	MD
3	Pain and discomfort	1.9	1.00	1.31	2.26	2.00	1.18	2.12	2.00
4	Energy and fatigue	2.2	1.00	1.51	1.98	1.00	1.28	2.05	1.00
10	Sleep and rest	4.0	5.00	1.32	3.98	4.00	1.21	3.98	5.00
15	Mobility	4.4	5.00	1.11	4.51	5.00	0.76	4.48	5.00
16	Everyday activities	4.0	4.50	1.23	4.18	5.00	1.13	4.10	5.00
17	Treat and Med Dep *	3.8	4.00	1.16	3.84	4.00	1.21	3.82	4.00
18	Working capacity	3.7	4.00	1.31	3.93	4.00	1.19	3.84	4.00
	Average score		3.52			3.57			3.55
	Median score		3.83			3.56			3.67

Source: Created by the authors.

Caption: MD= median; SD= standard deviation; * Treat and Med Dep = treatment and medication dependency.

Table 6 refers to the QL related to the Psychological Domain, and shows that the median of the facets "positive feeling" and "thinking, learning, memory and appearance" varied from good to very good (4.0 to 5.0). With regard to the satisfaction with physical appearance, the median was 5.0 (very satisfied) in the QRC2 and 4.5 in the QRC1. In general, a score of 5.0 indicates that the majority of the interviewees is very satisfied with their body image and appearance. As for self-esteem and negative feelings, the scores were good in both QRC (Md=4.0).

The psychological domain results show that the general median is positive (4.01). However, when compared to the other facets of the domain, "spirituality, religion and personal believes" had a lower score, and most of the interviewees said they were very unsatisfied (1.0) with their faith.

Table 6 – Quality of life, median and standard deviation of the psychological domain in the *quilombo* remnant communities. Bahia, Brazil – 2018

Question	Facets of the Psychological Domain	QRC1			QRC 2			General	
		Average	MD	SD	Average	MD	SD	Average	MD
5	Positive feelings	4.04	5.00	1.16	3.65	4.00	1.01	3.80	4.00
6	Thinking, learning, memory and appearance	3.72	5.00	1.47	4.42	5.00	0.72	4.41	5.00
7	Self-esteem	1.89	3.00	1.31	4.00	4.00	1.09	3.78	4.00
11	Body image and appearance	2.17	4.50	1.51	3.98	5.00	1.25	4.01	5.00
19	Negative feelings	3.98	4.00	1.32	4.15	4.00	1.05	4.13	4.00
26	Spirituality/ religion/ personal believes	4.43	1.00	1.11	1.34	1.00	0.67	1.36	1.00
	Average Score		3.57			3.59			3.58
	Median Score		3.75			3.83			3.83

Source: Created by the authors.

Caption: QRC= *quilombo* remnant community; MD= median; DP= standard deviation.

Table 7 shows that personal relations are positive in both communities (MD=5.0) and, in general, people consider themselves satisfied. Similar results were observed with regard to sexual satisfaction (Md=4.0, satisfied). In terms of social support, the communities differ; in the QRC1 individuals are neither satisfied nor unsatisfied, and in the QRC2 they are very satisfied (general Md=4.0)

As for "spirituality/religion/personal believes", the majority of the interviewees in both communities were catholic, but they stated they were not church goers nor active participants. Few of them followed the African origin religion (9.3% in QRC1 and 5.6% in QRC2) and 1.9% in QRC1 and 2.2% in QRC2 stated they were catholic and followed the African origin religion simultaneously.

The general score for the social domain (4.33) may be considered high, which means that the interviewees are satisfied with their social and family relations in all the facets under study.

Table 7 – Quality of life, median and standard deviation of the social relations domain in the *quilombo* remnant communities. Bahia, Brazil – 2018

Question	Facets	QRC 1			QRC 2			General	
		Average	MD	SD	Average	MD	SD	Average	MD
20	Personal relations	4.13	4.00	1.05	4.49	5.00	0.91	4.36	5.00
21	Social support	3.19	3.50	1.60	4.09	5.00	1.19	3.75	4.00
22	Sexual activity	3.76	4.00	1.21	4.03	4.00	1.05	3.93	4.00
	Average score		3.69			4.21			4.01
	Median score		3.83			4.67			4.33

Source: Created by the authors.

Caption: QRC= *quilombo* remnant community; MD= median; DP= standard deviation.

The QL domain related to the environment various facets have positive scores (Md between 4.0 and 5.0, as is the case of "physical safety and protection", "home environment", "health and social care", "leisure participation and opportunities", and "transport"). These scores have a positive effect on the QL of the interviewees. As for access to health care, which also has a positive effect on QL, the general median was 4.0 (good) (Table 8).

However, dissatisfaction was observed in both communities regarding the distance between the BHU and the communities. The worst facet in both QRC was "financial resources" with the lowest median of all the domains under study.

Table 8 – Quality of life, median and standard deviation of the environmental domain in the *quilombo* remnant communities. Bahia, Brazil – 2018

Question	Facets	QRC1			QRC2			General		
		Average	MD	SD	Average	MD	SD	Average	MD	SD
8	Physical safety and protection	3.74	4.00	1.28	4.10	5.0	1.03	3.97	4.00	1.14
9	Home environment	3.87	4.00	1.33	4.17	5.0	1.24	4.06	5.00	1.28
12	Financial resources	1.94	1.50	1.19	2.18	2.0	1.32	2.09	2.00	1.27
13	Health and social care: availability and quality	3.56	4.00	1.40	3.63	4.0	1.39	3.60	4.00	1.39
14	Opportunities to acquire new information and abilities	2.69	3.00	1.40	2.71	3.0	1.35	2.70	3.00	1.36
23	Recreation/ leisure participation, opportunities	3.63	4.00	1.26	3.67	4.0	1.44	3.66	4.00	1.37
24	Environment (physical, noise, traffic, climate)	2.76	3.00	1.48	2.92	3.0	1.49	2.86	3.00	1.49
25	Transport	2.46	2.00	1.59	3.30	4.0	1.52	2.99	3.00	1.59
	Average Score	3.08			3.34			3.24		
	Median Score	3.19			3.75			3.50		

Source: Created by the authors.

Capture: MD= median; DP= standard deviation.

Discussion

In this investigation it might be assumed that the slightly older age range of the inhabitants in QRC2 could be related to the presence of a BHU that offers medical and nursing services fortnightly. Another factor to be considered is the wide use of alternative medicine. Eighty four point three percent of the interviewees reported the use of medicinal herbs to relieve pain and discomfort. A predominant age range of young adults between 18 and 29 years was also observed by authors in Bahia and Pará[7-9].

The majority of residents in both QRC follow the catholic religion, although some of them practise the African matrix religion. The combination of the catholic and African matrix religion mentioned by some of the interviewees has an historical origin. Black people were not allowed to worship their *orixás* openly, and to avoid persecution or punishment they pretended to be catholic. This fact resulted in a syncretic religion which combines African and catholic rites. Authors[10] claim that the African matrix (*candomblé* and *umbanda*), Afro-Amerindian and the syncretic Afro-catholic religions must be recognized and valued in order to reach the consolidation and full exercise of the cultural and religious rights of Afro-Brazilian groups and individuals based on ethical values and democratic coexistence in a multicultural society.

Education is also an important factor to be considered. Despite the low percentage of illiterate individuals in QRC 1 (5.6%), in QRC2 this figure rose to 16.7%. According to the guidelines of public policies for *quilombo* communities, the percentage of illiterate people residing in *quilombo* remnant communities around the country is 24.81%, which is the result of an historical exclusion from educational spaces caused by the lack of conditions to stay at school or by the absence of schools in the *quilombo* territories[11].

With regard to the general QL, the results of this study are similar to those in another research[4] that analyzed general aspects of QL and found that, despite the comorbidities of some individuals, the majority considered their QL and health positively.

As for the QL related to the Physical Domain, pain and discomfort had a direct influence on the results concerning physical aspects.

A study[12] on chronic back problems or back pains (CBP/BP) in *quilombo* residents in Guanambi (BA) revealed that 50.5% of the individuals suffered from this type of disorder that affects only 18.5% of the Brazilian population. For the authors of the research, results might be explained by the early initiation of labor that requires great physical strength in childhood. Moreover, CBP/BP might lead to a reduction of physical capacity and social contact, increase of stress and anxiety, financial and employment problems, besides damages related to treatment costs, sickness aid and retirement for work incapacity that cause personal, social and economic problems[13].

In an interview[14] carried out with adults in the Barra de Aroeira QRC in the municipality of Santa Tereza (TO), the researchers observed that the physical domain obtained the lowest score for men and women, and that this result was influenced by the questions related to "pain and discomfort", "energy and fatigue" and "sleep and rest".

Despite the good general median of the QL in the Psychological Domain, it is believed that the community members should perform a self-examination and a rereading of their own identity, since memories are of invaluable importance and should be preserved. Moreover, trying to recover the QRC experiences and cultural roots is a form of valuing the cultural history that should not be forgotten.

The low score concerning the spirituality/religion/believes facet is of concern, since the lack of faith and hope may lead to physical and mental problems that reduce QL. With regard to this aspect, authors[15] report that, in general terms, people look for alternatives to reestablish wellbeing, religion being one of them, to understand (make sense of), guide and control daily afflictions; as it is widely accepted, people seek in religion solutions for their problems. Besides, those who have faith find an

opportunity of social participation and inclusion, frequently denied in a globalized, individualized and competitive word.

Another research[16] reported very good medians in the psychological domain for the facets "thinking, learning, memory and appearance"; "body image and appearance", and "negative feelings" supporting the results of the present study.

With regard to the Social Relations Domain, good results were obtained in a research carried out in the municipalities of Sapeaçú and Cruz das Almas (BA). According to the authors, the influence of this domain on QL might be related to the self-assurance observed in the psychological domain (positive feelings, self-esteem and good body image)[16].

Family and friends as well as cultural and religious networks reduce the differences between the social relations and the psychological domains[17]. Thus, the social and psychological domain scores tend to be similar, as is the case in the present research.

In an interview with adults, a study[14] found that the social relations domain had the best score with emphasis on the "family" facet which obtained the highest result. This might be explained by the predominance of rural livelihood in the community that leads to a stronger and highly valued family coexistence, as shown by the higher scores.

A study with older people QL in 17 QRC in the state of Bahia reported higher average scores in the social relations domain followed by the psychological domain[18]. Similar results obtained in other studies[14,16-18] corroborate the data of the present research with relation to the scores of the social relations and psychological domains.

The environmental domain was in general well evaluated. Notwithstanding, some authors[8] claim that the *quilombo* culture is fading due to various factors such as deforestation and loss of natural resources caused by agriculture and cattle-raising activities that prioritize grazing areas.

The worth facet in both QRC was "financial resources" which obtained the lowest median of the domains under study. This result might be a consequence of the lack of formal work reported by the majority of the interviewees, although 24.5% of them completed high school.

Some of the interviewees in QRC2 emphasized the importance of *licuri* as income source. This plant is used in the manufacture of crafts: handbags, hats, utensils, fans, mats, brooms and other objects. However, its culture faces problems, and some residents reported the absence of agronomists to help them grow the *licuri* palm adequately.

It is important to emphasize that the above mentioned help is determined by Law 12.288/2010[19] in its 33rd article that establishes that "[…] as for agricultural policy, the *quilombo* remnant communities will receive especial treatment, technical assistance, and public funding from the competent bodies to perform productive and infrastructural activities".

The condition low per capita income is related to the negative evaluation of health, and is a good example of factors that cause negative alterations in the scores and worsen the perception of QL[14].

The results of a study[18] with older people in 17 QRC located in Vitória da Conquista (BA) corroborate the above mentioned ones, since the economic condition directly impacts on the life of families that cannot afford adequate nutrition, and suffer from food deficiency that may affect their health condition.

As for health access, which positively impacts on QL, the general median was 4.0 (good). Notwithstanding, residents of both communities complained about the distance between the BHU and the community.

The inhabitants of QRC1 have to go to a neighborhood in the urban area to get attention. This fact does not comply with Law n. 1.434/2004[20] that is related to inclusion policies for the *quilombo* population, and determines financial support to create BHU in every community to meet the population's needs and demands.

In QRC2 health services are offered fortnightly in a satellite health unit, but they are interrupted between November and March. Moreover, with

regard to vaccination, mothers have to take their children to the city center to be vaccinated.

The municipalities should include the *quilombo* communities in their policy planning in order to improve the offer of sports, leisure, transport and health[21].

Regarding the "leisure participation and opportunities", it was reported that the main leisure activities in QRC1 are: participating in the church choir, dancing in *candomblê* worship houses and rear domestic animals (ducks, hens, pigs...). However, a cause for concern is that 23% of the interviewees stated they spent their leisure time in bars, while 75.3% said they were frequent liquor consumers.

In the QRC2 the leisure activities were diversified, including football, *capoeira*, church activities, craft and theater workshops, and samba groups; only 37% of the interviewees drank alcoholic beverages. It might be assumed that the presence of a residents association in the community is relevant to improve this aspect in the QL of the individuals under study.

Liquor intake was mentioned in a study[22] carried out in the Kalunga QRC (GO) where the interviewees stated that alcoholic beverages represented the "social side of life" and were very much used in get-togethers and celebrations.

Another research[18] identified that the environmental domain received the lowest average scores when compared to the other QL domains. The worst environmental aspects mentioned were related to housing conditions such as lack of basic sanitation and water treatment, hygiene, health assistance and transport.

Similar results were found in five QRC in Tocantins. The environmental domain values were low in all the communities, and this might be attributed to the social vulnerability of the population under study which has reduced leisure opportunities and difficulties in the physical environment[23].

The main limitation of the present study was related to the difficulty of collecting data, because in one of the communities part of the residents was working elsewhere, and in the other they were seeking fortnightly attention in the BHU which resulted in an increase of the sampling period.

Conclusion

The results of this research suggest that the residents of both communities under study face difficulties regarding access to services and collective goods due to bad social and economic conditions, resulting from a history of injustice and disregard for the Afro-descendant population that led to social inequality.

In the physical domain low scores were obtained for the variables pain and discomfort, as well as complaints of lack of energy and fatigue. Thus, to reduce these problems which have a negative impact on the health condition of individuals, a holistic attention should be implemented in the BHU to improve QL.

As for the psychological domain, the only variable that had a low score in both communities was spirituality. With regard to the environmental domain, the variable financial resources obtained the lowest scores in both communities, and in the social relations domain the results were satisfactory.

From the general analysis of the facet scores obtained in this research, it may be concluded that the QRC have similar profiles in terms of quality of life. However, a closer observation of the data shows that the results found in some variables in the QRC2 were better than those of the QRC1. This fact might be related to the closer relation among people of the QRC2 where there is a residents association with active participation in the life and leisure of the community members. Another aspect that has a positive impact is the presence of a satellite BHU in the QRC2 that facilitates access to health assistance services.

In this context, it is very important that the existing social policies, mainly those related to health, become effective. Moreover, these policies should be adapted to meet the real needs of *quilombo* remnant communities.

The struggle of the *quilombo* communities for ethnic, cultural and historical recognition, and spiritual, religious and personal believes conservation continues.

Collaborations:

1 – conception, design, data analysis and interpretation of data: Milleidy Cezar Peixoto;

2 – writing of the article and relevant critical review of intellectual content: Cláudia Cecília Blaszkowski de Jacobi and Larissa Rolim Borges-Paluch;

3 – final approval of the version to be published: Claudia Cecilia Blaszkowski de Jacobi and Larissa Rolim Borges-Paluch.

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Received: November 13, 2019

Approved: May 9, 2020

Publihed: June 29, 2020