Reflection Article

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Quilombola identity and early pregnancy: brief reflections

Identidade quilombola e gravidez precoce: breves reflexões

Identidad quilombola y embarazo precoz: breves reflexiones

ABSTRACT

Objective: To reflect on early pregnancy in Quilombola adolescents. **Method**: Theoretical-reflexive study based on the authors' experiences and anchored in the literature about early pregnancy in Quilombola women and the assumptions of the Theory of Praxical Intervention in Collective Health Nursing. **Results**: Five studies were identified on repercussions, knowledge, and impacts, revealing the following main points: knowledge and repercussions of early pregnancy in daily life; deficit of knowledge; changes in routines after pregnancy; meanings attributed and constructed in the sociocultural context; and deficient access to healthcare services, which resulted in two thematic categories, concerning knowledge about prevention and sociocultural factors. **Final remarks**: Teenage pregnancy is related to social and economic issues and access to healthcare services, whose intervention actions, in collaboration with the involved individuals, have the potential to transform reality.
Keywords: Quilombola people; Women; Social vulnerability; Pregnancy in adolescence; Ethnic groups.

RESUMO

Objetivo: Refletir acerca da gravidez precoce em adolescentes quilombolas. **Método**: Estudo teórico-reflexivo, baseado nas experiências dos autores e ancorado na literatura sobre gravidez precoce em mulheres quilombolas e nos pressupostos da Teoria da Intervenção Práxica em Enfermagem em Saúde Coletiva. **Resultados**: Identificaram-se cinco estudos sobre repercussões, saberes e impactos, que revelaram os seguintes pontos principais: conhecimentos e repercussões da gravidez precoce no cotidiano; déficit de conhecimentos; mudanças de rotinas depois da gravidez; significados atribuídos e construídos no contexto sociocultural; e acesso deficitário a serviços de saúde, os quais derivaram duas categorias temáticas, referentes a conhecimentos sobre prevenção e a fatores socioculturais. **Considerações finais**: A gravidez na adolescência está relacionada às questões social e econômica e ao acesso a serviços de saúde, cujas ações de intervenção, em conjunto com os sujeitos envolvidos, apresentam potencial para transformar a realidade.
Descritores: Quilombolas; Mulheres; Vulnerabilidade social; Gravidez na adolescência; Grupos étnicos.

RESUMEN

Objetivo: Reflexionar sobre el embarazo precoz en jovencitas quilombolas. **Método**: Estudio teórico-reflexivo basado en las experiencias de los autores y fundamentado en la literatura sobre el embarazo precoz en mujeres quilombolas y en los presupuestos de la Teoría de la Intervención Práxica en Enfermería en Salud Colectiva. **Resultados**: Se identificaron cinco estudios sobre repercusiones, conocimientos e impactos, que revelaron los siguientes puntos principales: conocimientos y repercusiones del embarazo precoz en la vida cotidiana; déficit de conocimiento; cambios en las rutinas después del embarazo; significados atribuidos y construidos en el contexto sociocultural; y acceso deficiente a servicios de salud, que dieron lugar a dos categorías temáticas, relacionadas con el conocimiento sobre prevención y factores socioculturales. **Consideraciones finales**: El embarazo en la adolescencia está relacionado con cuestiones sociales y económicas, así como con el acceso a servicios de salud, cuyas acciones de intervención, en conjunto con los sujetos involucrados, tienen el potencial de transformar la realidad.
Descriptores: Quilombolas; Mujeres; Vulnerabilidad social; Embarazo en la adolescencia; Grupos étnicos.

Elaine do Socorro Nogueira Cordeiro[1]
0009-0002-4778-954X

Nyvia Cristina dos Santos Lima[1]
0000-0002-4335-6715

Brenda Caroline Martins da Silva[1]
0000-0002-3474-2921

Rúbia Gabriela Ferreira Lacerda[2]
0009-0008-5808-6261

Irene de Jesus Silva[1]
0000-0002-6034-1902

Nádile Juliane Costa de Castro[1]
0000-0002-7675-5106

[1]Universidade Federal do Pará – Belém, Pará, Brasil

[2]Faculdade da Amazônia – Belém, Pará, Brasil

Autora Correspondente:
Nádile Juliane Costa de Castro
nadiledecastro@ufpa.br

INTRODUCTION

When reflecting on early pregnancy, it is important to highlight that, according to the World Health Organization (WHO), Brazil has one of the highest rates of adolescent pregnancy in Latin America[1], an important data for understanding the problem, as well as for identifying limitations of public health policies in facing the problem in the country, since, although there has been a decrease in rates in recent years, when making a more specific reading, evaluating the singularities and diversities recognized in certain territories and in groups of African origin found in Brazil[2], there are significant gaps.

In this regard, it is notorious that the records on the health of the black Brazilian population provide significant data, but limited, given the invisibility of groups whose identities are not signaled in the registration and evaluation instruments that aim to monitor individuals by the Brazilian Unified Health System (SUS, as per its Portuguese acronym). The absence of specific descriptors to identify certain populations, that of quilombolas, for example, is a reflection of their absence in the Demographic Census of Brazil, until the year 2010, a fact that has repercussions on the recognition of this group for its uniqueness, a situation circumvented with the presentation of new records in the 2022 Census, which brings data on quilombola populations[3] that are substantially important for the implementation of public policies, given the significant number of individuals from this group identified in the country.

In this sense, the choice to focus the study on the quilombola population is justified by the need to understand how the sociohistorical and cultural specificities of quilombola communities, which have unique characteristics, including distinct relationships with the territory, preserved cultural traditions, among others, directly influence aspects of health and early pregnancy[3,4]. Studies show that the quilombola population faces specific challenges, such as deficient access to health services, greater social vulnerability and institutional discrimination, which are not necessarily shared by the entire black population[4].

It is noteworthy that studies on this collectivity, particularly regarding the group of adolescent women, are scarce. The little evidence points to how quilombola adolescents face particularities[5,6] that differ from those of black adolescents in general, such as geographic isolation, social marginalization and the preservation of traditional cultural practices[4], which influence their perceptions and decisions about pregnancy. It should be underlined that adolescent pregnancy among quilombola women is linked to the specific social and cultural vulnerabilities of this people[6]. Therefore, it is essential to address these particularities to fully understand the consequences of early pregnancy in this population.

Nonetheless, there is another absence that reveals a more relevant aspect, which should be considered when discussing early pregnancy, which covers the issue of

singularities, especially when the relationships that characterize ethnic groups – such as adolescent and quilombola women – are observed in health records. These relationships are inserted in a broad perspective in the records of health agencies, due to the generalization of black women, due to the condition pointed out, which strengthens mechanisms of invisibility of this group, reinforcing the conditions of social vulnerability, exclusion and silencing of black women in this community and provoking historical repercussions on public policies directed to the Health Care Networks (RAS, as per their Portuguese acronym)[4].

Although the data on early pregnancy with greater evidence in the literature refer to the black population of the country in general, it is important to highlight that the absence of ethnic details in the data presented shows the lack of specific records on the quilombola collectivity, until recently. By reflecting on the theme, the general data provide a basis for understanding the magnitude of the pregnancy-related problem, based on the specificities of health care policies for the black population, given that there are no specific policies for quilombolas, highlighting the gaps and the need for public policies more directed to this group.

When evaluating the context of the demands of early pregnancy in adolescents, the age group and the various emotional, educational, social and economic changes[5] that characterize it should be considered, as the absence of planning or the unwanted occurrence of pregnancy triggers a series of emotions, such as insecurity, fear, shame, in addition to compromising autonomy and increasing the risks of developing depression and suicidal thoughts[5,6].

In the pathophysiological sense, adolescent pregnancy is considered a biological risk condition, due to the immaturity of the organism and the ongoing hormonal adjustments[6]. This situation increases the likelihood of complications, such as preeclampsia, hypertensive disorders of pregnancy (HDP), as well as the occurrence of other conditions[5,6]. In addition, there is a higher risk of developing postpartum depression, due to the lived early experience[6].

Thus, it is observed that there are several social, political and cultural elements[7] that can interfere in decision-making regarding the prevention of early pregnancy[8,9]. In addition, in the condition of social vulnerability of quilombola women and considering their historical-social processes, it is noted that early pregnancy affects people with low education and limited access to the labor market and to goods and services, which is in line with the profile identified among black adolescents in the same situation[10].

In addition to the aspect related to black women, there is a need to understand the issue of the remaining quilombola women, whose identities involve sociohistorical processes characterized by unique cultural elements, passed down between generations, an important fact in the choices involving health care[6].

In this regard, it is highlighted that the construction of the identity of women from “quilombos” permeates a movement to confront

oppression, throughout the term of the slave system in Brazil, which is directly related to dynamics of exclusion, which are perpetuated in health policies[4]. It is reiterated that some changes have been achieved: the term quilombo – whose concept is used in this study – for example, was revised after the 1988 Constitution and began to be used to designate remaining quilombola communities, giving them a legal category[9].

From this recognition, the communities began to receive support, through public policies, which enabled their political structuring, essential to claim historically denied rights[11]. Nonetheless, there has been no significant progress in the last 30 years in the SUS, as these groups have not received specific care policies, being included in the National Policy for the Integral Health of the Black Population (PNSIPN, as per its Portuguese acronym) in a generic way, without objectives directed to their peculiarities, such as quilombola remnants.

It is emphasized that such groupings play fundamental roles, representing extremely important segments of the population that have fought for their rights in society, considering the significant role of the black collectivity in Brazilian history[11], which is why the issues of this group encompass the complexities of recognizing and valuing its unique identity, as well as its search for authority, for the ownership and occupation of land, for cultural preservation and for the promotion of its esteem. In addition, these movements involve the continuous struggle to confront racism, among other challenges[9,11] – which are institutionalized even in the SUS.

Observing these issues is essential in understanding the identity of black women and quilombola remnants, intrinsic elements in various manifestations of spaces, cultural systems and economic activities[9,11], including *capoeira, samba, jongo, candomblé, terreiros* and Afro beauty salons, examples of expressions that carry with them the black identity mark in a variety of spaces[4,9] and that are also part of the culture of quilombola adolescents.

These aspects and the cultural elements mentioned and not identified in the analytical instruments of health services and in the current health care tools, when inserted in the SUS processes, can interrupt Eurocentric and excluding models, producing articulated and equitable strategic actions that consider the socioeconomic and historical-cultural contexts[12], also becoming relevant in the prevention of early pregnancy of remaining quilombola women, especially adolescent girls[5,12].

In these terms, examining the specificities and behaviors observed in this transition phase[3] – interruption of the educational trajectory, complications for maternal and perinatal health, family conflicts, as well as feelings of loneliness, fear and anguish – and considering the condition of social inequality and discrimination, which underpin and affirm the vulnerability of quilombola remnants[11], subsidize many discussions regarding the physical and psychological vulnerabilities and social risks[4] of these, given

that pregnancy in adolescents from historically marginalized groups directly impacts the quality of maternal and child life[4], with absolute interference in the health of quilombola children[13], ratifying the importance of reflecting on identity and parallel relationships.

Therefore, one can note that there is a need to observe the relationships surrounding the early pregnancy of remaining quilombola women, which involve biological risks and confrontations with sociohistorical elements, notably the dynamics of social vulnerability. By seeking to understand pregnancy from this perspective, it is possible to design more effective public policies and actions to prevent early pregnancy in quilombola women, anchored in social roles and dynamics and in targeted interventions[14].

Speaking still in these terms, this study will also address the main points of the Theory of Praxis Intervention of Collective Health Nursing (TIPESC, as per its Portuguese acronym), which seeks to understand the contradictions of the objective reality of Collective Health Nursing, based on materialist, historical and dialectical world perspectives. This theory seeks to intervene in Nursing through a dynamic, dialectical and participatory methodology, whose philosophical bases include historicity and dynamicity[14], being opportune to think about limitations and the creation of tools appropriate to the needs and realities of quilombola communities.

In summary, the present work aims to reflect on early pregnancy in quilombola adolescents.

METHODOLOGY

This is a theoretical-reflective study on the early pregnancy of quilombola adolescents. By delimiting the problem to be discussed, and as a contribution to reflection, a non-systematic search for research related to the theme of early pregnancy in black and quilombola women was carried out.

The search took place between March and May 2023 in the Virtual Health Library (VHL), Scientific Electronic Library Online (SciELO) and Google Scholar databases, due to the wide coverage of relevant academic literature on the topic. This occurred by combining the descriptors “quilombola”, “women” and “pregnancy”, resulting in five studies. As an inclusion criterion, it was decided to choose articles, theses and dissertations from the last ten years (between 2012 and 2022) focused on quilombola adolescent women, written in Portuguese and with full text availability. The located five articles were included after reading the titles and abstracts, which confirmed their relevance to the objectives of this study, that is, no article was discarded after the initial screening.

The main objectives of these studies included understanding the repercussions, perceptions and knowledge about pregnancy in the lives of quilombola adolescents and identifying impacts and factors related to the choices of these women. The titles and abstracts of the texts that supported the common key points were read, presenting the following elements: knowledge and repercussions of early pregnancy in daily life; deficit of knowledge;

routine changes after pregnancy; meanings attributed and constructed in the sociocultural context; and deficient access to health services.

As theoretical support for the analysis of the reflections, the notes of the Historical-Cultural Theory, observing the condition of the quilombola identity, were used in order to understand the relationships and choices of the quilombola being in the historical process, the collective actions and the role of the community in relation to the condition under investigation, aiming to outline core ideas about collective action, adaptations, learning and interpersonal communications, as well as the importance of the community in the construction and interpretation of these communication elements[15].

This theory focuses on understanding the influences of historical and cultural contexts on human development and the evolution of social mediations in higher mental functions, based on interaction with the cultural environment. In the context of this study, the Historical-Cultural Theory is used to analyze how the historical and cultural processes of quilombola communities weigh on the perceptions and choices of adolescents in relation to early pregnancy. Such an approach allows for a deeper apprehension of the sociocultural dynamics that shape experiences[15].

To understand the processes in the health setting, the assumptions of the Theory of Praxis Intervention of Collective Health Nursing (TIPESC) were followed, whose basic points encompass the interdisciplinary approach of the proposed interventions, highlighting their effectiveness in contexts of diversity, a view derived from historical-dialectical materialism and the importance of ethical-political competencies in determining the hierarchy of health interventions and in defending their development, both by professionals and users, aiming to improve the quality of life, through sustainable and quality interventions that foster the development of critical awareness among those involved[14].

In this article, TIPESC will be used to guide the proposed interventions in the health of quilombola adolescents, considering the cultural and social specificities of their insertion group. The theory provides a basis for developing culturally sensitive and effective educational and preventive strategies in the context of quilombola communities[14].

RESULTS AND DISCUSSION

The reflections proposed here were based on the search for literature substantiated by the experiences of the authors and considered the fact that the main researcher is a quilombola person, which allowed us to think about the proposed questions with a leading position. The following categories emerged from the study: **Sociocultural factors of quilombola identity** and **Knowledge about prevention of early pregnancy and interrelationships for health care**, which are presented below.

Sociocultural factors of quilombola identity

This category encompasses the lack of information and limited access to contraceptive methods among quilombola adolescents, reflecting the need for specific educational interventions.

Quilombola communities have played a significant role as sites of historical resistance and define themselves predominantly by their Afro-descendant ancestry and established relationships with the land, as well as the maintenance and preservation of cultural traditions[9,16]. In this sense, the importance of understanding the operationalization of this grouping in society from the position of black women and their connections should be emphasized, aiming initially to understand their reality from a historical perspective[14].

The relationship of the remaining quilombola people with the territory is characterized by the existence of a gender division in the work process, an important information for understanding individual care and the position of women in this dynamic, mainly because individuals from the communities play different roles in the productive context, delineated by their gender characteristics[8,12]. Accordingly, the mode of social production and the relationship of women with the quilombola territory should be noted, an important data for interpreting reality and for planning potential interventions by the SUS[14].

In quilombola spaces, men take on activities on plantations and occupations that require more physical strength, for example, while women have responsibilities in domestic chores, small-scale production, backyard cleaning and handicraft practice. This division of labor contributes to defining and reinforcing the roles assigned to each member of the group in relation to the production of goods essential to family subsistence[9,12]. Considering these themes, it is possible to identify the relationships and constant arrangements of local societies, which will eventually signalize paths to be followed when implementing strategic actions, such as health education.

Understanding the internal dynamics of quilombola communities makes it possible to identify the postural codes of their members, as well as the historically inserted elements, which remain between generations and represent ethnic-communication devices of the identity of their individuals and the collectivity[2,11]. These are present in the most diverse relationships, including the process of communication between generations, which fosters the transfer of knowledge between individuals from the same group, where women play a prominent role, being responsible for continuing the exchange of knowledge and traditions – including those related to health care[7].

At the same time, it is known that the historical-social process of quilombola communities influences labor or family relationships and the dispersion of infrastructure in their territories, especially in the case of basic services, such as health care[4,9]. Historically, quilombola communities have had structural deficits, such as in school services, basic sanitation, paved roads and public transport[11], in addition to difficulties in commuting and access to health services. Therefore, it is noted that quilombola communities are based on a reality of social vulnerability that impacts their sanitary conditions[7,9]. The marginalization of their components, the result of actions that exclude the current economic model, especially

in the case of communities located in rural areas[4,5], should be considered, when unilaterally implementing health policies, whether by enhancing the performance of health workers in quilombola territories or by using the potentialities of local individuals[14], aiming to confront inequities.

In this regard, the *Annual Report on Racial Inequalities in Brazil* highlights reductions in the quality and life expectancy of the black population[5], in addition to limited access to health services, especially among adolescents, compared to the rest of the population[1]. Moreover, scientific studies prove that racial inequalities[1] have a direct impact on the reproductive health of adolescent women and their access to health care services[4,5,6].

To change this reality, it is necessary to make the remaining quilombola women visible, which is why their appointment in the 2022 Census is an important advance, as it provides the opportunity to discuss the need for specific indicators for these groups in the RAS records, whose implementation makes it possible to identify these women and produce dialogs with the issue of early pregnancy, through identity, directing actions that address care to the community and schools, considering social and spatial peculiarities[1]. In reference to this fact, the dialogs of the Community Health Workers (CHA) and other health professionals are important in carrying out educational actions in the community, seeking to understand different rationalities[17] in the midst of the diversity of quilombola health practices.

Referring to the common context, it is essential to emphasize the collective processes of the groups focused on and the importance of family support for adolescents who become early mothers[2], since the experience of an early and unplanned pregnancy brings with it significant transformations, with profound implications in the family environment, causing maladjustment and instabilities and requiring the family and the adolescents to reorganize their life projects[4,6]. This also leads to changes in socioeconomic aspects, such as school dropouts and work activities, which, in the case of quilombola communities, involve fishing, shellfish gathering and domestic cleaning, which are trivial in some territories[5].

Similarly, it is important to recognize that the quilombola culture is permeated by traditions, among which are health care, characterized by the use of elements of forest biodiversity, as quilombola people use natural resources, such as medicinal plants, in the treatment of health complications[18], which includes the use of teas, baths, prayers, among others, in order to prevent and treat diseases, in addition to terminating or preventing an unwanted pregnancy[12].

Considering the specific elements and traditions of groups of quilombola women, regarding healing and health care, strategies should be participatory, in order to identify the dynamics of each territory, when carrying out educational actions, without forgetting the economic issue, which permeates the way of life of remaining quilombola women. Evidently, work activities, such as farming, have the potential to reduce opportunities for access to formal

education, due to the need to dedicate themselves to agricultural production – cassava, corn, rice, among other elements[11] –, which hinders the acquisition of formal education and, consequently, reduces the amount of information on the prevention of early pregnancy, a phenomenon that has been observed in quilombola school environments, according to data from the SUS.

It is possible to identify that the dynamics of exclusion and vulnerability that these adolescents face emphasize the importance of health policies that recognize and integrate their cultural realities. Therefore, the need for public health strategies that are formulated in collaboration with quilombola communities should be highlighted, promoting actions that respect and value their cultural traditions and ensuring that interventions are effective and respectful of quilombola identities, as proposed by the TIPESC assumptions[14].

Knowledge about prevention of early pregnancy and interrelationships for health care

This category explores the influences of cultural and historical aspects on the perceptions and decisions of quilombola adolescents in relation to early pregnancy, highlighting the importance of considering these specificities in the formulation of health policies and strategies.

The understanding of the ways of life and the particularities of the public focused on in this text, considering the already mentioned issues[4,5], should be taken into account in the implementation of public policies for health care and education, aiming to identify the actual needs of this population regarding unplanned pregnancies[4] and their repercussions on community life, as studies point out[4,5,19,20, 21,22].

Thus, it is also relevant to highlight the difficulties in accessing health services[23] by the remaining quilombola adolescents due to the geographical distance and isolation of their territories, as well as the cultural peculiarities, which are crucial points in the development of products and processes that must be understood in the dimension of the work carried out by community health workers[14].

Therefore, the need to talk about pregnancy among adolescents should be highlighted, but the quilombola identity must be considered in due time when interpreting the facts, as there is evidence that indicates that adolescents become pregnant mainly in the 10 to 17 age group as a result of the lack of information on sex education in quilombola territories[21,22], a point that should be discussed taking into account relevant and particular aspects, such as low education and income, school dropout, absence of a father figure, among others[21,22].

The deficit of knowledge is also linked to deficient access to services and dedication to labor activity by these women[14]. Most of the time, the adolescents are divided between school and farming, without being able to dedicate time to personal care, such as gynecological care and sex education[6,8]. Therefore, one can note that there is a need to construct strategies that encompass the way of life of these women, basically linked to work in

the fields, which need to be developed in a participatory way, together with their target audience, observing the reality of the local culture and the precision of the setting[14], which is in line with the equity signaled in the SUS guidelines.

Actually, the lack of information and the socioeconomic situation are conditioning factors that permeate early pregnancy[4,5], but the absence of access to health services has been decisive, as public health spaces serve to share information and products for the prevention of pregnancy. On the other hand, if the search for information on the part of these women is hampered by the lack of access to goods and services, the attitudes and culture of unprotected sex make them vulnerable to early pregnancy, which, at the same time, have impacts on access to education and on their lives in the community collective[4,5,11].

In the group, the condition of female motherhood brings new routines and significant changes, including, among others, different interpersonal relationships[2,13]. In some cases, after becoming pregnant, the adolescents leave the community in search of formal jobs and end up leaving their children in the care of their grandmothers, subsidizing new relationships in the community, where the adolescents are seen as women[2,13]. There is a need to monitor these changes in order to identify new relationships, a moment in which health professionals take on the task of acting, based on their competencies, especially those related to social and political issues, with a view to providing equitable care[14].

However, the challenges and difficulties met by these adolescents are perpetuated in adverse economic situations, psychological problems, among others, and it is necessary to have an expanded dialog, based on the quilombola families, identifying difficulties and roles in the face of the new condition, including to identify the relationships and social limitations arising from pregnancy[14]. In this sense, health professionals must have a critical view, seeking to identify family relationships and pointing out ways for follow-up, whether by the RAS, by social assistance and by the social network of the quilombola collective.

In addition, remaining quilombola women, due to their ethnic-racial characteristics, are already affected by discrimination and structural and institutional racism, evidenced by higher rates of illiteracy, violence, hunger, difficulty in accessing health services, etc. [5]. Therefore, the dissemination of information on preventive and educational measures regarding early pregnancy must respect, above all, ethnic aspects, local historical and sociocultural aspects[5].

To that end, intersectoral strategies, which include articulations between different sectors and professionals, in order to reduce, for example, school dropout, which directly influences knowledge and choices[2], must be thought of from the inside out of the community, which can be carried out through the SUS Health at School Program, together with the demands of basic education, via quilombola schools. Such a path can support dialogs focused on showing ways of caring for adolescents and their parents[4,5].

For Nursing practice, the identification of a lack of knowledge about the prevention of early pregnancy and the deficient access to health services[23,24] among quilombola adolescents highlight specific training demands for nurses who work in these communities, and these professionals can play roles in the implementation of educational strategies that address the sociocultural and economic particularities of these populations, observing their own care and their knowledge[24].

In addition, the integration of practices based on the TIPESC can help to develop more effective and equitable interventions, promoting the health and well-being of quilombola adolescents. Using the TIPESC assumptions, it was possible to understand how the lack of information and limited access to contraceptive methods are intrinsically linked to the socioeconomic and cultural conditions of quilombola adolescents.

Thus, the need for educational interventions that are not only informative, but culturally adapted to local realities, should be pointed out[14]. This implies developing health education programs that involve the quilombola communities in a participatory way, valuing their traditional knowledge[2,15] and promoting continuous dialogs between health professionals and adolescents.

FINAL CONSIDERATIONS

Through a theoretical reflection, this work showed the need to intervene in the health of quilombola adolescents in order to promote the dissemination of knowledge among populations in these communities, considering their cultures and identities, with a view to broadening horizons on the prevention of unwanted or early pregnancy, especially among adolescents, avoiding social and economic problems and safeguarding the health of young women from early damage.

This process aims to promote dialog with health professionals, especially those in primary care, as they play a fundamental role in basic health units, such as in family health care programs. In reference to this fact, dialogs (communication) with community health workers and other health professionals are important for educational actions to be carried out, thus encouraging the participation of adolescents and different members of the community, both men and women, with the objective of creating methods that facilitate the dissemination of relevant information on the prevention of early pregnancy and health care.

Among the results of this study, it is noted that the main one included their perceptions about the lack of basic knowledge and misinformation, given that communities are deprived of assistance related to educational actions, such as lectures, conversation circles, educational games, among other facilitating strategies to address this topic. On the other hand, adequate access to information provides the opportunity to identify, dialog and carry out actions that address health care in the community and in schools, in order to determine, explain and reinforce the importance of contraceptive and prevention methods, including natural ones, considering the knowledge and ways of life of local communities

in their diversity.

In view of this, the importance of understanding the perceptions and knowledge of quilombola adolescents regarding early pregnancy and the health risks and complications was noted, because, as can be seen, sexual practices are related to different personal, social, cultural and ideological beliefs. The importance of Community Health Workers was also identified, who, in addition to knowing the local problems and their peculiarities, are daily involved in the setting. By being closer to the families and knowing their beliefs, these workers can contribute to and encourage the participation of adolescents in the prevention of early pregnancy, in partnership with other health professionals.

Likewise, the role of Nursing is fundamental in this context, particularly with regard to health and sexual education. Nurses can train Community Health Workers to carry out educational actions that consider the values and traditions of quilombola communities, promoting contraceptive methods and preventing early pregnancies. In addition, Nursing can play a vital role in creating spaces for dialog in schools and communities, addressing sexuality in open and informative ways. This also contributes to Nursing Science, by providing evidence that can guide clinical practice and policy formulation, promoting more inclusive and contextualized health care.

This work reinforces the need for knowledge and implementation of public policies related to this topic, based on quilombola identity, as well as points to the demand for professionals in the communities or closer to them, reducing distances and reinforcing relationships with these populations, taking into account their vulnerabilities. On the other hand, this text was limited to discussing only sociohistorical influences, leaving aside specific knowledge, which is why studies in this sense are necessary.

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Authors' contribution:
Research conception and design: ESNC, NJCC
Data acquisition: ESNC, NJCC
Data analysis and interpretation: ESNC, NCSL, BCMS, RGFL, IJS, NJCC
Manuscript writing: ESNC, NCSL, BCMS, RGFL, IJS, NJCC
Critical review of the manuscript regarding its intellectual content: ESNC, NCSL, BCMs, RGFL, IJS, NJCC

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