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## Exploring health and depression in quilombola communities: a look at symptoms, negative self-rating, and intervention opportunities

### Explorando saúde e depressão em comunidades quilombolas: um olhar sobre sintomas, autoavaliação negativa e oportunidades de intervenção

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#### ABSTRACT

This study aimed to explore health and depression in quilombola communities, focusing on health symptoms, negative self-assessment, and intervention opportunities. A cross-sectional survey was conducted in two riverside quilombola communities in the Amazon region of Pará, with a sample of 63 households, totaling 256 people. The collected data were analyzed using statistical methods. Commonly reported physical symptoms included frequent headaches (42.86%), poor appetite (19.05%), and back pain (48.33%). Emotional symptoms such as feeling nervous, tense, or worried (55.56%) and sadness (30.16%) were also prevalent, and although not the focus of the study, the mention of suicidal ideation drew attention. The study revealed a significant association between feeling nervous, headaches, and negative self-rated health. These findings reinforce the need for interventions tailored to the specific needs of Quilombolas to promote their mental and physical health. In conclusion, understanding the profile and health conditions of quilombola communities is essential for the development of effective health programs. Health promotion in these communities requires integrated actions, cultural sensitivity, and community participation.

**Keywords:** Health Disparities, Mental Health, Cultural Competency, Socioeconomic Factors, Health Promotion.

## RESUMO

Este estudo teve como objetivo explorar a saúde e a depressão em comunidades quilombolas, com foco nos sintomas de saúde, na autoavaliação negativa e nas oportunidades de intervenção. Foi realizada uma pesquisa transversal em duas comunidades quilombolas ribeirinhas da região amazônica do Pará, com uma amostra de 63 domicílios, totalizando 256 pessoas. Os dados coletados foram analisados por meio de métodos estatísticos. Os sintomas físicos comumente relatados incluíram dores de cabeça frequentes (42,86%), falta de apetite (19,05%) e dores nas costas (48,33%). Sintomas emocionais como nervosismo, tensão ou preocupação (55,56%) e tristeza (30,16%) também foram prevalentes e, embora não tenham sido foco do estudo, a menção à ideação suicida chamou a atenção. O estudo revelou uma associação significativa entre nervosismo, dores de cabeça e autoavaliação negativa de saúde. Esses achados reforçam a necessidade de intervenções adaptadas às necessidades específicas dos quilombolas para promover sua saúde física e mental. Concluindo, compreender o perfil e as condições de saúde das comunidades quilombolas é essencial para o desenvolvimento de programas de saúde eficazes. A promoção da saúde nestas comunidades requer ações integradas, sensibilidade cultural e participação comunitária.

**Palavras-chave:** Disparidades em Saúde, Saúde Mental, Competência Cultural, Fatores Socioeconômicos, Promoção da Saúde

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## INTRODUCTION

Quilombola communities are traditional ethnic groups with a rich history and significant cultural importance (Valentim et al., 2021). However, these communities often face unique health challenges, including disparities in access to healthcare services and a higher prevalence of physical and mental health problems. Mental health, in particular, has emerged as a growing concern in these communities, with depression being a relevant issue (Valentim; Costa Quaresma; Luiz, 2021; Batista; Rocha, 2020).

The present study aims to explore the health and depression in quilombola communities, taking a close look at health symptoms, negative self-assessment, and intervention opportunities. Understanding these aspects is crucial for promoting mental health and well-being among these historically marginalized populations.

One way to assess the health and impact of depression in these communities is through analyzing the symptoms reported by individual (Batista; Rocha, 2020, Batista; Rocha, 2019). Questions related to physical symptoms, such as frequent headaches, lack of appetite, indigestion, and back pain, provide an initial insight into the physical health of these communities (Petrie; Faasse; Crichton, 2014). Additionally, emotional symptoms, such as feeling nervous, tense, or worried, as well as the presence of sadness, lack of interest, and constant fatigue, may indicate the presence of depressive symptoms<sup>6</sup>.

Negative self-assessment of health is an important subjective indicator that reflects individuals' perception of their own health status (Carneiro et al., 2020; Wang et al., 2022). It is essential to investigate how these symptoms are related to negative self-assessment of health among quilombolas. Understanding this association can provide crucial insights into the subjective perception of health in these communities and help identify risk factors for depression (Zhang; Wu, 2021).

Furthermore, the study also aims to identify opportunities for intervention and improvement of healthcare services (Kruk et al., 2018). By exploring symptoms, negative self-assessment, and the specific needs of these communities, it is possible to develop strategies for promoting mental and physical health that are tailored to their cultural and social realities (Alegria et al., 2018; Gopalkrishnan, 2018). The knowledge generated can contribute to the implementation of more effective health policies and programs that address the specific needs of quilombola communities (Sousa et al., 2023; Feitosa et al., 2021).

Through this study, it is hoped to contribute to a better understanding of health and depression in quilombola communities, highlighting the importance of a holistic approach that takes into account both the physical and emotional aspects. By focusing on symptoms, negative self-assessment, and intervention opportunities, this study seeks to promote mental health and well-being in these communities and contribute to the reduction of historical health inequalities that affect them.

### **METHODOLOGY**

This study was characterized as a cross-sectional, descriptive, and analytical epidemiological survey with a quantitative approach. It was conducted in quilombola populations located in the Amazon region of Pará. The sample consisted of 63 households selected from two riverside quilombola communities, totaling 256 people. Data collection took place between 2019 and 2020, using a questionnaire administered directly to households. The objective was to gather relevant information about the health of quilombola populations through this survey. The study was conducted in accordance with national and international ethical standards and received approval from the Research Ethics Committee of the Faculty of Medicine of the University of São Paulo - USP, under opinion 2,988,683. Free and informed consent was obtained from all individuals involved in the study using a printed form.

The collected data were processed using Microsoft Excel 8.0 software, which facilitated coding and tabulation and enabled the analysis of absolute and relative frequencies. Subsequently, the data were transferred to the SPSS program, where the chi-square test ( $X^2$ ) was performed, with a significance level ( $p$ ) set at 0.05.

Logistic regression models were employed to analyze self-rated health based on the observed prevalences for the outcomes of interest. The inclusion of variables in the multiple model was determined by the final sample size. Adjusted Prevalence Ratios (Odds Ratios) were calculated based on this model, considering only the variables that remained associated with the outcome of interest, which was negative self-rated health (Fair/Poor and Very Bad vs. Good/Very Good).

Therefore, the methodology used in this study facilitated the acquisition of relevant information regarding the sociodemographic profile and health conditions of quilombola communities, as well as the statistical analysis to identify significant associations and prevalence. This information is crucial for supporting the development

of specific health policies and programs aimed at improving the health and well-being of these historically marginalized populations.

## RESULTS

The results revealed demographic characteristics of the participants that contribute to a comprehensive understanding of the studied quilombola population. The majority of participants fell into the age group of 18 to 33 years old (33.87%), followed by the age groups of 34 to 53 years old (33.87%) and 54 to 82 years old (32.26%). In terms of education, the majority had completed elementary school (61.9%). Household composition showed that most participants lived with four or more people per household (53.96%). Regarding gender, the majority were female (68.84%), and the vast majority identified themselves as black (96.83%). Most participants were Catholic (95.16%), and the majority had some form of employment (59.02%). In terms of monthly family income, the majority of families had an income below the minimum wage in Brazil (79.03%).

When analyzing the results of the general health assessment questions, it was observed that certain symptoms were frequently reported. Frequent headaches were reported by 42.86% of participants, while lack of appetite was reported by 19.05%. Additionally, 55.56% reported feeling nervous, tense, or worried, and 25.81% reported experiencing indigestion. Regarding frequent back pain, 48.33% reported experiencing it, while 25.81% had difficulty performing their daily tasks.

In terms of depressive symptoms, some participants reported losing interest in things (11.11%), feeling tired all the time (28.57%), and feeling sad lately (30.16%). It is important to note that some participants mentioned suicidal ideation, even though the survey did not specifically address this topic.

Regarding the analysis of association measures, feeling nervous had an Odds Ratio (OR) of -0.166 (95% CI: 0.035-0.779), indicating a significant association with negative self-rated health ( $p=0.023$ ). Likewise, headaches had an Odds Ratio (OR) of -0.150 (95% CI: 0.032-0.701), also showing an association with negative self-rated health ( $p=0.016$ ).

As for the health status of the interviewees, the majority considered their health to be good (55.56%), while only 6.35% described it as poor. In the past year, most participants sought health care from nurses (44.12%) or doctors (38.24%). Regarding the search for health care by a family member, 45.76% of the participants reported that a family member sought health services.

The main reasons for seeking health care included gynecological consultations, headaches/fainting/vertigo, vaccination/routine consultations, hypertension/diabetes, and back/muscle/joint pain.

In terms of the location of health services, the majority of participants had to travel to access care, with most seeking care in the urban area of the municipality (73.53%).

Positive aspects related to health care included good service, receiving medication after consultations, and the overall good structure of the basic health unit. On the other hand, negative aspects mentioned were delays in scheduling and waiting for consultations, insufficient human resources, lack of supplies, and inadequacy of the health establishment's structure to meet the demand.

## DISCUSSION

The results of this study revealed important demographic characteristics of the studied quilombola population, providing a more comprehensive understanding of their sociodemographic profile. The age range of the participants was relatively balanced, with a significant proportion of young adults (18 to 33 years) and middle-aged adults (34 to 53 years). These findings are consistent with previous studies that have also found lower educational levels in quilombola communities (Quaresma et al. 2022).

The composition of households revealed that the majority of participants reside with four or more people, indicating a broader family dynamic and the coexistence of multiple generations in the same environment. The prevalence of women in this population was higher compared to men, which may be influenced by specific socioeconomic and cultural factors within these communities (Vlassoff, 2007, Nascimento et al., 2022).

Self-identification as black was predominant, reflecting the importance of valuing ethnic identity in quilombola communities. The Catholic religion was the most prevalent, followed by some evangelical denominations. These cultural and religious aspects hold significant importance in the lives of quilombola communities, serving as central pillars that shape their identities and values. Recognizing and acknowledging these elements are crucial when aiming to promote health and devise targeted interventions (Gomes; Gurgel; Fernandes, 2021).

Regarding health, the results highlighted the presence of both physical and emotional symptoms among the participants. The most commonly reported physical symptoms included frequent headaches, lack of appetite, indigestion, back pain, and

difficulty in performing daily tasks. These symptoms may indicate the presence of physical health conditions such as migraines, digestive disorders, and musculoskeletal problems, which can negatively impact individuals' quality of (Bonanni et al., 2022; Kalaydjian; Merikangas, 2008)

In addition to physical symptoms, emotional symptoms such as feeling nervous, tense, or worried, sadness, lack of interest, and constant fatigue were reported by a significant proportion of participants. These symptoms can be indicative of depressive symptoms and deserve special attention. The significant association between feeling nervous and having headaches with negative self-rated health highlights the importance of addressing both physical and emotional aspects of health in this population (Zhang; Wu, 2021).

The presence of symptoms related to mental health, such as suicidal ideation, in quilombola communities is a concerning issue that deserves special attention. These communities often live in precarious conditions, far from urban centers, with limited access to work, basic sanitation, and recreational spaces. Moreover, many of these communities lack adequate access to healthcare services, including mental health care. The lack of opportunities and activities that foster social connections, combined with the scarcity of support and resources for mental health care, has contributed to a significant increase in depression rates. The challenges faced by quilombolas regarding their mental health are complex and require targeted interventions that take into account their specific needs. It is essential to implement accessible mental health programs that address the geographical and socioeconomic barriers these communities face (Feitosa et al., 2021).

The results also revealed that the majority of participants considered their health status as good, while a small proportion described it as poor. Seeking healthcare in the past year was reported by more than half of the participants, with nursing and medical professionals being the most sought after. Additionally, it was observed that some family members of the participants also sought healthcare services.

These findings reinforce the need for specific and culturally sensitive interventions to promote mental and physical health in quilombola communities. Approaches that take into account the culture, beliefs, and traditional practices of these communities are essential to ensure the effectiveness and acceptance of proposed interventions. Furthermore, it is crucial to involve quilombolas in the planning and implementation of health policies and programs to ensure their needs and perspectives are adequately considered (Alegria et al, 2018, Gopalkrishnan, 2018).

Opportunities for intervention may include strengthening access to healthcare services, promoting health education programs, and integrating preventive and treatment approaches into the routine of quilombola communities. The training of healthcare professionals in culturally sensitive approaches is also fundamental to ensure adequate and quality care (Rezende et al, 2020).

In conclusion, this study highlights the importance of exploring health and depression in quilombola communities, considering both physical and emotional symptoms, negative self-rated health, and opportunities for intervention. Understanding these aspects contributes to the development of more effective health policies and programs that address the specific needs of these historically marginalized communities. Promoting mental and physical health in quilombola communities is a crucial challenge that requires collaborative efforts and culturally adapted approaches (Sousa et al, 2023, Durand, Heideman, 2019).

### CONCLUSION

In summary, this study emphasizes the importance of understanding health and depression in quilombola communities, taking into account physical and emotional symptoms, negative self-rated health, and opportunities for intervention. Understanding these aspects contributes to the development of more effective health policies and programs, addressing the specific needs of these historically marginalized communities. Promoting mental and physical health in these communities is a crucial challenge that requires collaborative efforts and culturally adapted approaches.



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