QUILOMBOLA KNOWLEDGE AND SELF-CARE PRACTICES IN THE SÃO DOMINGOS COMMUNITY, CAVALCANTE (GO)

SABERES QUILOMBOLAS E PRÁTICAS DE AUTOCUIDADO NA COMUNIDADE SÃO DOMINGOS, CAVALCANTE (GO)

CONOCIMIENTOS QUILOMBOLAS Y PRÁCTICAS DE AUTOCUIDADO EN LA COMUNIDAD DE SÃO DOMINGOS, CAVALCANTE (GO)

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ABSTRACT

This study addresses health self-care within the context of a rural quilombola community that has limited access to formal health services, based on the need to understand and value the traditional knowledge that guides these practices. Given this, the general objective was to analyze the self-care practices of quilombolas belonging to the São Domingos community, located in the municipality of Cavalcante (GO). The research adopted a qualitative approach with a descriptive and exploratory character. Data were collected through individual semi-structured interviews with 29 quilombolas who self-identified as belonging to the São Domingos community. Participants were selected based on suggestions from community health agents, local leaders, and referrals from other participants (snowball technique). The interview analysis procedures consisted of content analysis. The results indicate that self-care practices involve the use of medicinal plants and industrialized medicines, strongly influenced by available resources and traditional knowledge, suggesting that such practices occur in a strategic manner and are adapted to the local context in which they are embedded. It is concluded that the valuation and integration of traditional knowledge strengthen self-care, contributing to meeting the health demands of the community.

Keywords: Industrialized Medicines. Medicinal Plants. Self-Care Practices. Quilombola Communities. Traditional Knowledge.

RESUMO

Este estudo aborda o autocuidado em saúde, situado no contexto de uma comunidade quilombola rural que possui acesso limitado a serviços de saúde formais, partindo da necessidade de compreender e valorizar os saberes tradicionais que orientam essas práticas. Diante disso, o objetivo geral consistiu em analisar as práticas de autocuidado dos quilombolas pertencentes à comunidade São Domingos, localizada no município de Cavalcante (GO). A pesquisa adotou uma abordagem qualitativa, de caráter descritivo e

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exploratório. Os dados foram coletados por meio de entrevistas semiestruturadas individuais com 29 quilombolas que se autodeclararam pertencentes à comunidade São Domingos. Os participantes foram selecionados através de sugestões de agentes comunitários de saúde, lideranças locais e indicações de outros participantes (técnica de bola de neve ou snowball). Os procedimentos de análise das entrevistas consistiram na análise de conteúdo. Os resultados apontam que as práticas de autocuidado envolvem o uso de plantas medicinais e medicamentos industrializados, marcadas pela forte influência dos recursos disponíveis e dos saberes tradicionais, indicando que tais práticas ocorrem de maneira estratégica e adaptada ao local em que estão inseridas. Conclui-se que a valorização e integração dos saberes tradicionais fortalecem o autocuidado, contribuindo para atender às demandas de saúde da comunidade.

Palavras-chave: Medicamentos Industrializados. Plantas Medicinais. Práticas de Autocuidado. Comunidades Quilombolas. Saberes Tradicionais.

RESUMEN

Este estudio aborda el autocuidado en salud, en el contexto de una comunidad rural quilombola con acceso limitado a servicios de salud formales, a partir de la necesidad de comprender y valorar los conocimientos tradicionales que guían estas prácticas. Por lo tanto, el objetivo general fue analizar las prácticas de autocuidado de la comunidad quilombola perteneciente a la comunidad de São Domingos, ubicada en el municipio de Cavalcante (GO). La investigación adoptó un enfoque cualitativo, descriptivo y exploratorio. Los datos se recopilaron mediante entrevistas individuales semiestructuradas con 29 quilombolas que se autoidentificaron como pertenecientes a la comunidad de São Domingos. Los participantes fueron seleccionados mediante sugerencias de agentes comunitarios de salud, líderes locales y referencias de otros participantes (técnica de muestreo por bola de nieve). El análisis de las entrevistas se realizó mediante análisis de contenido. Los resultados indican que las prácticas de autocuidado implican el uso de plantas medicinales y medicamentos manufacturados, con una fuerte influencia de los recursos disponibles y los conocimientos tradicionales, lo que sugiere que estas prácticas se desarrollan estratégicamente y se adaptan al lugar donde se ubican. Se concluye que la valoración e integración de los conocimientos tradicionales fortalece el autocuidado, contribuyendo a la satisfacción de las necesidades de salud de la comunidad.

Palabras clave: Medicamentos Industrializados. Plantas Medicinales. Prácticas de Autocuidado. Comunidades Quilombolas. Conocimientos Tradicionales.

1 INTRODUCTION

Self-care in health has been recognized as a fundamental strategy for improving quality of life, personal autonomy and reducing the burden on the health system. In quilombola communities, generally located long distances from urban centers with a greater presence of health services, their members use traditional knowledge and self-care practices as alternatives to alleviate health problems.

Thus, self-care practices are shaped according to each sociocultural context: by the way of life, by its history, adaptive processes to the environment, economic conditions, and access to services and knowledge. From this perspective, addressing self-care in traditional communities is essential to fill gaps in the literature, value local knowledge, and subsidize public policies that respect and strengthen the identity of communities.

In view of this, the question that guided this work was: how are traditional knowledge and industrialized medicines used in health self-care by residents of the quilombola community São Domingos, municipality of Cavalcante, Goiás? Thus, the central objective of the research was to analyze the self-care practices of the quilombolas in this community. As specific objectives, we sought: to identify the main self-care practices; understand the factors that influence these practices; and discuss how these practices dialogue with the health system.

From the methodological point of view, the study adopted a qualitative, descriptive and exploratory approach. Data collection was carried out through semi-structured interviews and included people who self-declared themselves quilombolas belonging to the São Domingos quilombola community. Subsequently, they were transcribed in full, and content analysis and discussion were carried out based on the scientific literature.

The article is structured in five sections: (1) introduction, which presents the theme, the relevance of the work, the objectives and, briefly, the methodology; (2) theoretical framework, with studies that support the research; (3) methodology, detailing the procedures adopted for data collection and analysis; (4) results and discussion, which expose and interpret the findings according to the literature; and (5) final considerations, pointing out the main contributions, limitations and suggestions for future studies.

2 THEORETICAL FRAMEWORK

Health self-care refers to the skills of individuals, families, and communities to promote health, prevent disease, maintain health, and cope with illness or disability, with or without the support of a health professional, as defined by the World Health Organization (WHO, 2022). In this sense, the conception of the therapeutic itinerary is directly related to self-care.

The therapeutic itinerary is defined as the set of strategies, paths or choices adopted in the search for a cure for diseases. These choices involve ways of representing diseases and treatments, cultural values, socioeconomic conditions, as well as access and accessibility to popular and scientific therapeutic processes. This concept reflects the sociocultural conditions of each community in the search for the restoration of health (ALVES; SOUZA, 1999).

Thus, the concept of self-care encompasses different dimensions, among which the physical one stands out, which encompasses actions aimed at the proper functioning of the body; the psychological, which involves strategies for mental balance; and the spiritual, related to inner connection and the search for meaning in life. These dimensions act in an integrated manner, being fundamental for the individual's quality of life (SOTO *et al.*, 2021).

In addition, self-care is an essential tool in prevention, as it allows individuals to identify signs of imbalance in their health early and have the autonomy to adopt measures and changes in habits, thus the focus is directed to avoid the emergence or worsening of diseases (SILVA *et al.*, 2020). In this sense, disease prevention and health promotion are configured as practices originating from the population itself, going beyond the structural and institutional notion based on health services (CZERESNIA, 1999).

However, access to self-care is unequal, as Lira and Souza (2024, p. 3) explain: "these conditions are influenced by broader political, economic, and social factors, such as government policies, governance systems, ideologies, power structures, and class relations." In addition, culture exerts a great influence on how individuals relate to symptoms, treatments, and lifestyle changes in health care (MOLLA, 2025).

From this perspective, social inequalities or inequities are reflected in the way each individual or community develops self-care, in addition to influencing the way of understanding, interpreting, and using information about health and disease (literacy) (BRASIL, 2023). It is considered, for example, that access to private health plans, economic power to purchase medicines and exams, as well as living in places with easy road access or owning one's own vehicle, among other factors, favor different types of self-care. On the other hand, living in a rural environment of difficult access, where there is a shortage of health services and a lack of capital to pay for consultations and medications, will produce another type of self-care. In addition, these variations in self-care practices can generate hierarchies or criticism among the actors involved, which can reinforce inequalities and produce discrimination.

Among the concepts interconnected with self-care are access (existence of health services) and accessibility (ability of health services to be used by the population). Both are

related to the barriers to social inclusion resulting from communication and information, geographical, economic, and cultural barriers (FREITAS, 2023). Soares *et al*. (2023) emphasize the difficulties in accessing and affording health services in Brazilian rural municipalities with less than 20 thousand inhabitants, which involve: low use of information and health technologies (immunobiologicals, medications, diagnostic tests), difficulties in teamwork or in retaining health professionals, and absence of tertiary care services in rural municipalities and located far from large urban centers.

It is worth emphasizing the influence of policies on choices related to self-care, whether through health programs that guide the population, or through understandings and disputes between political agents and ideological discourses. Thus, it can be said that different prescriptions occur in addition to those made by health professionals. In this sense, it is possible to observe the existence of political prescriptions that define modes of self-care. These are prescriptions that can occur in a way that is alien to health services and scientific thinking, guiding actions according to interest groups and/or that aim to co-opt or subjugate a population (MENDONÇA, 2024).

Self-care can also be represented by a collective dimension (NODEH *et al.*, 2024). According to Silva (2018, p. 68), "the group environment enables the sharing of this information and serves as support in the involvement of these people as active subjects of their treatment". Thus, collective self-care complements individual self-care, involves the exchange of knowledge and mutual support. The search for improvements in health is amplified by the interconnection of experiences between individuals, who carry memories of their afflictions (ALVES; SOUZA, 1999).

In this way, self-care strengthens the subject's protagonism by allowing him to actively participate in the process of managing his own health and, through this participation, develop confidence and autonomy, which contributes to better results regarding the therapeutic strategies adopted (SILVA, 2018). The experiences of successes and failures are analyzed by individuals, passed on and analyzed continuously, creating concepts and ways of taking care of the body. Such notions about disease, symptoms and treatments can be resignified according to each sociocultural context (BOLTANSKI, 1984).

In the context of public policies, the Unified Health System (SUS) recognizes self-care as an essential strategy for improving quality of life, highlighting primary care as the main incentive space. In this context, it is recommended that teams adopt practices based on dialogue, active listening, and health education through different resources. These actions aim to offer support and encourage self-care, so that the patient not only receives guidance,

but also becomes an active participant, and that the conducts are compatible with their reality (BRASIL, 2023).

It is highlighted that health services should not act in an authoritarian manner, positioning the user as someone undisciplined and unable to understand and interpret information when they do not follow the guidelines or prescriptions of health professionals. The existence of health services with authoritarian characteristics, of a discriminatory and hierarchical nature between different cultures and social classes, permeates different Brazilian historical moments. These characteristics do not manifest themselves in the absence of conflicts. Among these moments, the Vaccine Revolt, which took place at the beginning of the twentieth century, in the then capital of the Republic, Rio de Janeiro, is emblematic. It is noted that the presence of military governments also favored a governmental structure of care with coercive attitudes, imposing the so-called Western medicine, based on positivist and Cartesian thinking, as the only valid alternative to care and representative of science, condemning popular practices, especially those coming from Afro-descendant culture (CHALHOUB, 1996; MAY; MONTEIRO, 2005). It should be noted that Western medicine made it possible to sustain the chemical-pharmaceutical industry and industrialized medicines.

The Vaccine Revolt represented a stage of socioeconomic inequalities, sanitation, hygienism, eugenics, and the imposition of Western medicine through the mandatory smallpox vaccine. The episode revealed the sanitary and urban segregationist model, as well as the socioeconomic difficulties of the working population, in addition to evidencing their distancing from political and governmental decisions. Thus, the ways of caring for the body came to be represented as a political struggle (CHALHOUB, 1996). In this sense, an analogy can be drawn with the political disputes, the anti-vaccine movement, and other preventive measures that occurred during the COVID-19 pandemic in Brazil between 2019 and 2021 (MENDONÇA, 2024).

With technological advances in the health area, new resources for self-care have emerged, such as applications, devices, and artificial intelligence systems that make it possible to monitor and manage symptoms, access reliable health information, reduce costs, and even encourage the adoption of healthy habits, promoting the individual's engagement in their own care (KIM *et al*., 2023; PERSSON; WICKMAN, 2025). However, associated with the ease of interpersonal communication and access to information, the risk of collective misunderstandings can increase. This may occur because the information is not based on the concrete experience of those who have experienced suffering, health problems and the effects of treatments, but is based on statements selected among members of social media

groups. Added to this discursive inexperience, there are the interests of opportunists who elaborate magical solutions, often with the intention of cheating and capital gain (MENDONÇA, 2024).

In addition, self-care can be taught or encouraged from childhood: from an early age it is possible to develop habits such as maintaining personal hygiene, practicing physical activities, adopting a healthy diet and recognizing the body's signals. As a result, when consistently encouraged, these habits prevent health problems and strengthen the basis for self-care throughout life (MENOR-RODRIGUEZ *et al*., 2022). It can also be referred to the need for intersectoral actions, involving sectors such as the environment, education and health, in addition to the promotion of well-being, incorporating healthy lifestyles.

In this process of forming care practices, it is important to consider the sociocultural contexts in which individuals are inserted, as self-care is contextualized based on local experiences and knowledge. In this context, the reality of quilombola communities stands out, defined as self-declared ethnic-racial groups, with their own historical trajectory, specific territorial ties and black ancestry related to resistance in the face of historical oppression, as established by Decree No. 4,887/2003 (BRASIL, 2003).

In these communities, health care is linked to practices such as the use of medicinal plants available in the territory, rituals, prayers and blessings, which constitute a complex and rich knowledge. Because it is rooted in the relationship with the territory and in the collective memory, such care has high acceptability and facilitates adherence to health actions (GAMA *et al.,* 2019).

Thus, the traditional knowledge of quilombos constitutes a fundamental area of study to understand how care strategies relate to local conditions, guiding daily decisions. In addition, this subject allows us to observe the importance of collective memory and oral transmission in the maintenance and continuity of this knowledge, as well as the relationship between tradition and science.

According to Santos and Lacerda (2020), quilombola communities have inherited knowledge and is transmitted between generations, which, associated with multiple factors, translate their own way of understanding and promoting health and well-being. In this context, health policies aimed at the black population, strengthened by the increase in scientific research, are the result of struggles and demands of social movements. In addition, Santos and Fenner (2021, p. 4-5) state that "it is in the environment that the quilombola finds its means of subsistence, its social work as a community. This interaction generates the creation of a territory of its own, of resistance."

Traditional knowledge is knowledge built from experiences, observations, and learning acquired in daily life, resulting from a continuous process of successes and errors. This knowledge is shared over time in a dynamic and constantly changing way, by different groups that maintain a close relationship with natural resources and the environment in which they live. In addition, for Santos and Quintero (2018, p. 52), traditional knowledge can be understood "as knowledge acquired through trial and error, in a group of ideas and actions that can be considered valid, observable, analyzable, understandable, and even replicable, even if it is considered outside of scientistic standards".

Historically, knowledge in quilombola communities arose from the need to meet the basic demands of survival and to adapt to the adversities imposed by the environment in which they are inserted. In this scenario, ancestry is present as a force that grounds and shapes this traditional knowledge, sustaining identity and a sense of belonging and, consequently, manifests itself in continuity (GIMOVSKI; OLIVEIRA, 2024).

Thus, the territory is more than physical space: it represents several interconnected dimensions and constitutes a place for the preservation of identity and resistance; in addition, collective care and traditions related to the ancestral principles that sustain the construction of traditional knowledge are intertwined (LACERDA; MENDES, 2018).

The relationship with nature is essential because quilombolas use this resource, especially plants, as a solution for their lives, where, through long observation and coexistence with the natural environment, knowledge emerges that guide care practices and autonomy. Therefore,

> [...] Much of this knowledge about the medicinal properties of plants was built empirically. The observation of nature, the behavior of the animals that use the plants, as well as entheogenic plants (which establish communications with deities and spirits), used mainly by the religious leaders of a community, were also (and are) important in this process of accumulating knowledge (SANTOS; QUINTERO, 2018, p. 73).

In this way, the transmission of knowledge occurs mainly through orality, as it allows this knowledge to be shared in a living way, offering its own narrative and adapted to different generational contexts. In addition, this transmission stimulates the feeling of belonging and ensures its continuity, considering that, for a long time, access to writing was denied (CASTRO, 2021).

Although there are approximations, there are often conflicts, because, without dialogue, knowledge ends up being left aside in favor of scientific knowledge, generating the weakening of the valorization of identity and the limitation of the use of culturally significant

care strategies. It is emphasized that ignoring this knowledge is offering fragmented and ineffective care (NASCIMENTO, 2018).

In this sense, although some guidelines have sought to recognize quilombola knowledge, such as Decree No. 6,040/2007, which instituted the National Policy for the Sustainable Development of Traditional Peoples and Communities, a significant gap is observed in practice. Its application has been limited, which compromises the full use of resources by quilombola communities (BRASIL, 2007). Among the main challenges faced are the lack of appreciation and recognition, the impacts of modernization processes, insufficient support from public policies, and the absence of incentives for research and documentation of this knowledge.

In the contemporary scenario, such knowledge gains relevance as it has great potential to offer information that can assist in the development of scientific research involving both drugs and complementary alternatives to conventional treatments, as well as the sustainable use of environmental resources and the formulation of more inclusive public policies.

Thus, traditional knowledge is configured as forms of resistance, as they allow quilombolas, based on their traditions and values, to express their own way of understanding and acting, even in the face of attempts at erasure that mark their paths. Collective memory ensures that knowledge is preserved, even without support or visibility from formal means; therefore, it remains a fundamental piece to establish the various types of knowledge that circulate among quilombolas (OLIVEIRA *et al.*, 2024).

Although there are similarities, the knowledge is specific because each community has its particularities: the needs vary according to the territory and the available resources and, in this sense, people acquire experiences according to the place where they live. According to Santos and Quintero (2018, p. 154):

> [...] Even within a given community, knowledge is not homogeneous, with those specific to men, women and the different categories with which these social actors recognize themselves, such as "midwives", "healers", "herbalists", "woodsmen", "muleteers", "charcoal burners", among others.

In other words, despite being the same place, knowledge is not evenly distributed, being closely linked to gender and specific activities within the community. Thus, based on the authors discussed, it is observed that self-care manifests itself as a practice that combines and interferes with personal, collective experience and social contexts in health care. In this sense, traditional knowledge appears as instruments that transfer autonomy and are adapted to the territory, meeting the needs and well-being of individuals.

Such reflections are essential to think about self-care practices and social inclusion, recognizing the diversity and potential of traditional knowledge, as will be observed through interviews with quilombolas.

From the theoretical framework chosen about self-care, concepts such as therapeutic itinerary, access and accessibility can be derived. Such definitions enable the development of categories of analysis necessary for health care, such as the use of medicinal plants and industrialized medicines, as well as their modes of use particularized in the context of a rural quilombola community.

3 METHODOLOGY

It is a field research, with a qualitative approach as to the means, descriptive and exploratory as to the ends, enabling the interaction between subjectivity and objectivity, between the social, the biological and the cultural (MINAYO, 2004).

The sample consisted of 29 self-declared quilombola participants, belonging to the São Domingos community, located in the municipality of Cavalcante (GO). Participants who had some health problem were searched. Its selection was based on suggestions from community health agents, local leaders and indications from other participants (snowball technique, which defined the number of participants).

The interviewees had a mean age of 60 years, ranging from 26 to 81 years, with a predominance of people over 60 years of age (19 participants). Among the interviewees, 17 were women and 12 men, all professing the Christian religion (evangelical or Catholic).

The data were collected in two moments, aiming to expand the experiences investigated: in February 2025 with 22 quilombolas residing in the community and later, in the months of July and August of the same year with 7 members of the same community who currently reside in the urban area. Of the 9,583 inhabitants (2022) of Cavalcante (GO), more than half declared themselves quilombolas (IBGE, 2023), and the community of São Domingos (about 60 kilometers of dirt road from Cavalcante) had, in 2019, approximately 77 families (SCALIZE, 2019).

The investigation was guided by a standardized semi-structured interview script, previously prepared containing open questions that addressed the products used for self-care, as well as the purposes, difficulties and facilities. The interviews were recorded and conducted individually in the participants' living environment, with an average duration of 25 minutes.

Data analysis was carried out using the content analysis technique, as proposed by Bardin (2011), a structure that is organized into three main stages: pre-analysis, exploration of the material and treatment of the results, inference and interpretation.

In the initial stage, the collected material was organized, with the full transcription of the interviews in a text editor (Microsoft Word) and the floating reading of the content to familiarize themselves with the material and identify what would be included in the analysis, considering its relevance in relation to the research objective.

Next, the coding of the content began, with the identification of registration units related to self-care practices and the challenges faced. From the observation of the similarities in meaning, it was possible to manually cut out the excerpts considered relevant and the grouping into categories that expressed the main aspects investigated in the study.

After categorization, the data were interpreted in the light of the pertinent scientific literature. For a better understanding of the results, a table was prepared in the text editor itself, from which the information was organized into two major categories: the use of medicinal plants and the use of industrialized medicines.

The research was approved by the Research Ethics Committee of the Federal University of Goiás, with opinion number 7,049,058, in accordance with the ethical principles established by Resolution No. 466/2012 of the National Health Council (BRASIL, 2012). All participants signed the Informed Consent Form, with anonymity, confidentiality and the right to withdraw at any time being guaranteed, in addition to clarification about any risks arising from the research. To ensure anonymity, the interviews were numbered sequentially from E1 to E29, followed by the indication of "M" for male and "F" for female, and the codes were assigned only to the statements included in the analysis.

4 RESULTS AND DISCUSSION

4.1 SELF-CARE PRACTICES AND THE USE OF MEDICINAL PLANTS

Through interviews with residents and former residents of the quilombola community, it was possible to observe that self-care practices involving the use of medicinal plants occur quite frequently, and this can be explained by limited access to health services, cultural tradition, reduced financial resources, ease of access and confidence in therapeutic properties. (SILVA; LOBATO; RAVENA-CANETE, 2019; AMATEUR; LUCAS, 2025). Among the diversity of plants, the most cited were lemon balm, cotton, scented grass/lemongrass and white canopy, mainly in the form of tea and use in bottles: *"I take a lot of medicine from the bush. I drink partridge tree, it's... cotton, whole pharmacy, medicine bottle"* (E28 / F, 63 years old).

These plants are commonly used in the treatment of hypertension, pain relief, as a tranquilizer and also as a blood purifier. Pereira and Paula (2018) point out the various therapeutic actions of lemongrass, including calming, antihypertensive, analgesic, and antispasmodic effects, mainly due to the presence of the citral compound in its essential oil. In addition, other studies attribute similar results to the aforementioned therapeutic indications (GUIMARÃES; OLIVEIRA; MORAIS, 2019; FERREIRA; PASA; NUNEZ, 2020), which reinforces the legitimacy of popular knowledge mobilized in the daily life of the community, as evidenced by the participant's statement.

The preparation of teas or infusions is a very common traditional practice, used as a form of health care. As reported by one participant: *"When it's really bad, I always like to make a tea like this at night to drink"* (E1 / F, 75 years old). This practice, although recognized in the daily life of the community, needs to be understood carefully. Pedroso, Andrade, and Pires (2021) warn that the use of medicinal plants, even though they offer benefits, requires attention to avoid unintended consequences.

The acquisition of these plants occurs in different ways, which facilitates their circulation and evidences a collective care, in which many people cultivate in their backyards or turn to other residents: *"I have lemon balm, now I go out with basil to hunt"* (E20 / F, 75 years old), while another interviewee added: *"It's a neighbor and we go there and get it"* (E10 / M, 67 years old). According to Nodeh *et al*. (2024), care actions go beyond the individual and acquire collective expression, sharing knowledge among residents, alleviating the feeling of guilt and frustration when treatment does not produce benefits.

The search for medicinal plants in the Cerrado, associated with domestic cultivation, reveals a system of care based on traditional knowledge and the relationship with the territory, as exemplified in the statement: *"It's here in this Cerrado up here"* (E13 / M, 38 years old). Similarly, Farias *et al.* (2019) identified that residents of a rural community cultivate and use about 30 medicinal species aimed at the treatment of various diseases. This data reinforces how backyards and the Cerrado environment around homes function as sources of care and support for local health.

However, it is observed that the scenario of self-care practices with the use of medicinal plants has been changing. The use of garrafadas, which was quite common in the treatment of various diseases, has been losing space. One of the main factors that contributes to the abandonment of this practice is related to the move to the city, which makes it difficult to access the medicinal plants used in garrafadas, as reported by an interviewee who had moved to the city: *"When I lived in the countryside, I did a lot, you know, because I lived there, I know a lot of medicine too"* (E29 / F, 46 years old). In this sense, Romanus,

Mendes and Carlini (2018) observed how migration to urban areas influences the use of medicinal plants, pointing out reasons such as the limitation of species and different climatic conditions, leading to the adoption of local alternatives.

Among other factors pointed out, religious issues can influence the disuse of medicinal plants, as occurs in bottled plants because they contain alcohol: *"After I changed to... For the Assembly of God, then I stopped making garrafada"* (E1 / F, 75 years old); *"I don't drink alcohol, alcohol stuff, then bottled is always better with wine, things like that, then I stopped drinking these things"* (E5 / F, 65 years old). This change in habits due to beliefs is also pointed out by Gerhardt (2006), who detected that behaviors and opinions are constructed and shaped by social contexts and values, influencing health care strategies, as revealed by the statement of participant E5 / F, 65 years old.

Even in the face of this decrease in the use of garrafadas, knowledge related to herbal remedies continues to be transmitted from generation to generation, ensuring the permanence of knowledge and respecting the community's way of life: *"Well, rooted, bottled, that's for the ancients, right? Our parents, grandparents, taught us there, right? Then we have been bringing this tradition and it turns out that it is really good"* (E7 / M, 42 years old). This type of transmission, rooted in family memory and daily practice, is also evidenced by Silva *et al.* (2019), when they stated that mothers and grandmothers are the main responsible for passing on knowledge about the use of medicinal plants to new generations through orality, the main means of preserving this knowledge.

In addition, the use of plants available in the living environment is intensified as an alternative to solve health problems and that the search for medical care occurs only in cases that require extreme need: *"Here, when I'm not very well, we hunt for a medicine from the bush right here, then it works, it happens that it works. If it doesn't work, we'll go to the city"* (E7 / M, 42 years old). This pattern of behavior was also identified in the research by Fernandes and Santos (2019), carried out in a quilombola community, which highlights self-medication as a self-care strategy in the face of mild problems and the limitations of the health system, often considered ineffective.

4.2 KNOWLEDGE AND PREPARATIONS WITH MEDICINAL PLANTS

Various types of preparations with medicinal plants were described and to illustrate these self-care strategies, Table 1 addresses the products, method of preparation and therapeutic purpose reported by the residents and former residents in the interviews, which are adapted according to the practice accumulated throughout daily experiences.

Table 1

Medicinal plants (products), method of preparation and reason for use extracted from interviews with quilombolas from the São Domingos community, Cavalcante (GO), Brazil, 2025

Products	Preparation	Reason for use
Turmeric with garlic, ginger and honey	"Then I put half a spoonful of it, a little crushed ginger, a crushed garlic clove, a spoonful of honey and stir and take..." (E2 / M, 68 years old)	Gout Flu
Tea of artelãozinho, fennel, pennyroyal, chamomile, mentraço, carrapicho, picão	"Sometimes I put it in the bowl and cook it, I make the tea, very strong. There are times, I don't like to let it boil, but sometimes it even boils." (E3 / F, 64 years old)	Flu Fever
Eau de Cologne Tea, Lemon Balm	"I tear it up, put it in the bowl with water and let it boil." (E11/F, 79 years old) "Every day I put lemon balm in the water, the leaf of the colony, and then, put it, put a little sugar, put it in the fridge and drink it there." (E9 / F, 66 years old)	High blood pressure
Roasted lobeira fruit with sugar or shaved brown sugar	"You open a little hole in it, like a roulette wheel, and you put the scraped rapadura and open a hole in the wood stove, put it inside and cover it with the rubber, and let it bake. Let it bake, the next day, it dawned that molten molasses, then you would take it, take it out of there and open that hole you made in it and pour the honey to drink to improve." (E29 / F, 46 years old)	Cough Flu Asthma
Milona	"... If the person has a bad intestine, just shave it very shaved and drink." (E27 / M, 73 years old)	Headache Intestinal problems
Boldo	"Hit the liquidator and make the juice." (E25 / F, 38 years old)	Stomach pain
Tea of astelãozinho, pennyroyal, rosemary	"Just put it in your hand, go there, cut them there on the foot and put it in the glass of water and inside and then put a little sugar and give it to the baby." (E9 / F, 66 years old)	Flu in children Belly pain
Chayote	"[...] grind it, you beat it in a blender... make that juice." (E6 / F, 36 years old)	High blood pressure
Sweet Grass/Holy Grass Tea	"I just take the leaf and put it in water to boil, put it to boil and when it cools down I drink it, don't put sugar." (E27 / M, 73 years old) "I put it in the bowl, put it in the bowl and put hot water on top. Another time I see that it's too much, I just drink it in cold water." (E4 / F, 68 years old)	Fever
Lavender tea, lemon balm, lemongrass/sweet grass, imburana	"I put water to brake, put the medicines in a bowl and pour water by frevendo." (E26 / F, 77 years old)	Pain relief
Garrafada with termite louberinha, caroba, cotton, meleré, white velame, pomegranate, parsley, quina, cansanção, tiú, jatobá peel, partridge tree, entire pharmacy	"I go out in the woods, then I pluck roots and put them in the bottle... I cut it, punch it in the mortar and put the powder inside the bottle and put it in the bottle." (E15 / M, 41 years old) "Oh, I get a little bit of wood root there, which is in the woods there... Medicine that is available from the garden, the ones that don't hurt men, I put them in the bottle and drink it." (E12 / M, 51 years old) "These dicks that I shave there, put in the bottle and... put, when it's not white wine, it's really pinga..." (E17 / M, 81 years old)	Cleansing of the uterus Removing infection in the body Pain relief
Quininha-do-mato	"You take out her half-hull, right, and put it in the water, which is bitter as hell, then you take it..." (E7 / M, 42 years old)	Whet your appetite

Burnt garlic with stinky and lemon	"I roast the garlic, you know, lemon, and make the syrup and drink it, it's two, three times, it's already good." (E18 / M, 54 years old)	Flu
Heavy smoke	“[...] I pulled out this medicine, washed it, hurt all the roots and the leaves everything, put it to boil... And then, I would dump this thing and let it cool down and give that person that syrup to drink." (E24/F, 65 years old)	Fever Illness Pneumonia
Seven pain, wormwood	"Seven pain and wormwood, ensergo, put it in the water and drink." (E12 / M, 51 years old) "We make his juice [seven pains], hurt him, put him in the water and drink it." (E7 / M, 42 years old)	Stomach pain
Rhubarb	“[...] I would go to the forest, scratch these trains, come from there with those potatoes of his, wash, cut, they are yellow as saffron... Then she would dry that train, she would find a way to dry even in the trivet, like in riba do coisa do fogo, there in sheet metal, these trains... I punched it, my daughter, I took that powder and every time I put food for the person, she went with a spoon, a spoonful of that powder and put it in the first few bites of that person's food." (E24/F, 65 years old)	Swelling Big Yellow

Source: Prepared by the authors.

The variety of preparations reported evidences the autonomy of the community, marked by the appreciation of nature and reveals that knowledge is acquired and passed on over the years, functioning as an alternative to the health center, which does not exist in the place. In addition, it is possible to observe the coherence and diversity of popular knowledge, in this way, a plant is indicated for more than one therapeutic purpose, while varieties of plants are used to treat the same disease, as also reported by Silva, Lobato and Ravena-Canete (2019).

In this sense, Ramos *et al*. (2024), identified that quilombola communities have a vast ethnopharmacological knowledge and address the importance of understanding and applying this knowledge in health care strategies, since this traditional knowledge can support several actions aimed at self-care.

Among the preparations identified, the use of boldo in the form of juice, obtained by grinding the plant in a blender, used to treat stomach pain, stands out. Such use was also recorded by Farias *et al.* (2021), in a research carried out with four traditional communities located in the Recôncavo Baiano, where the knowledge and use of medicinal plants by women was investigated. The authors pointed out that boldo was used for belly and stomach pain, indigestion, malaise and hangover. In the present study, similarity was observed in terms of therapeutic purpose, suggesting that the plant, within the traditional quilombola knowledge, has wide recognition in the relief of gastrointestinal discomfort.

Although there is convergence regarding the use of the plant, as reported by one of the interviewees: "*Beat the blender and make the juice.*" (E25 / F, 38 years old), divergences

were noted in the form of preparation, since, in the study by Farias *et al.* (2021), there was a predominance of use in the form of tea, made from the leaves.

Like boldo, other medicinal plants also have variations in their preparation and use, depending on the context and the knowledge transmitted locally. Garlic, for example, added to other products, appears in this study with two forms of preparation: mashed and roasted, with the purpose of helping in the treatment of flu and gout: "*I roast the garlic, you know, lemon, and make the syrup and take it, it's two, three times, it's already good*." (E18 / M, 54 years old) and "*Then I put half a spoonful of it, a little crushed ginger, a crushed garlic clove, a spoonful of honey and stir and drink...*(E2 / M, 68 years old). Filgueira *et al.* (2024), in his study on the use of medicinal plants in a community in the semi-arid region of Bahia, in addition to mentioning their use to treat influenza, cites garlic as an antibiotic, prepared as a tea through decoction.

In addition, Vieitas *et al.* (2021), describe the use of garlic with a focus on its application in cases of arterial hypertension, pointing out that, daily, it should be chewed in half a unit. The joint analysis shows that traditional knowledge about plants is diverse, being adapted according to the specific contexts of each community.

This parallel contributes to reinforce the importance of ensuring the preservation of traditional knowledge, since it can influence therapy and, based on scientific validations, open paths to be integrated into health care. However, it is important to consider that different sociocultural contexts can make comparisons and, consequently, generalizations difficult.

Thus, the findings of the present research, by dialoguing with different ethnobotanical investigations, reaffirm the richness of traditional knowledge, which continues to contribute with viable answers to the daily health problems of quilombolas.

4.3 SELF-CARE PRACTICES AND USE OF INDUSTRIALIZED MEDICINES

Industrialized medicines were also frequent in the community's self-care practices. Among the most mentioned are hydrochlorothiazide and losartan, used in the treatment of hypertension as mentioned by E4 / F, 68 years old: *"Unless, for pressure I take losartan. I forgot the name of the other... Hydrochlorothiazide, I'll take that one."* This data dialogues with studies by Santos *et al*. (2019), carried out with 390 quilombolas from 15 communities in the state of Sergipe, where a higher prevalence of hypertension was found in this public compared to the general population of the same state. In addition, diclofenac and dipyrone used for pain relief are mentioned: *"Oh, I drink more for headaches is dipyrone"* (E22 / M, 54 years old).

Access to medicines occurs mainly through purchases in pharmacies in the city, purchases from peddlers who frequent the community and donations from family members and neighbors, in a collective care network: *"When I don't buy from a peddler, the neighbors give it to me. Sometimes I feel the headache, I take a pill there and one gives it to me"* (E22 / M, 54 years old). These data confirm the findings of Leite *et al.* (2022), who, when surveying quilombola and non-quilombola adolescents living in rural communities, found that the difficulty in accessing medicines through formal channels and health services leads the population to adopt these practices as an alternative care strategy.

On the other hand, this dynamic of drug circulation can generate vulnerabilities and affect the therapeutic process. Even so, it reveals an attempt not to interrupt the prescribed treatment. One interviewee reported that she was using 850 mg metformin, as prescribed, but at the time of the interview, she was taking 500 mg tablets, which she received as a donation: *"yes, it was... that she got it there, a woman there gave it to her said to bring it to me, right?"* (E1 / F, 75 years old). This type of situation highlights a risk scenario, especially among people with low education. Ghassab-Abdollahi *et al.* (2024), in a study with illiterate elderly people or those with low education, identified a high frequency of medication errors, with emphasis on failures such as incorrect dosages and administration outside the established hours, aspects that converge with the report presented.

In this sense, although industrialized medicines are present in the routine of this population, some residents clearly demonstrated resistance to their use: *"[...] I'm not much of a pharmacist who takes a lot of pharmacy medicine, I take it more than home medicine"* (E5 / F, 65 years old). Another resident reinforces his feeling of dissatisfaction about the effectiveness of industrialized medicines and values the use of home remedies involving plants: *"I take pills, I take pills it's not worth anything. Best root of the bush"* (E6 / M, 77 years old).

With regard to access to health services and industrialized medicines, there is a significant interference in self-care practices. Gomes *et al.* (2024), discuss the barriers that hinder access to primary care, highlighting factors such as racial and geographic inequalities, scarcity of care, in addition to travel costs and the absence of certain services in the SUS. Consistent with this analysis, most of the interviewees also reported similar obstacles, especially related to the distance between the community and the health services, the lack of transportation and the physical discomfort faced during the commute: *"Only when I'm really bad do I go, because [...] There are times when I travel, it seems that it gets even worse, because it seems that the body hurts like that"* (E1 / F, 75 years old). Another interviewee reported on the use of medication for diabetes: *"So, I've already taken a lot, now these days*

I'm not taking it" and when asked about the reason, she said: *"[..] it's because it's over and I'm not going on the street, because when I go I feel very sick"* (E9 / F, 66 years old). This statement highlights the negative impact on health related to the worsening of diseases and makes public policies necessary to overcome these situations.

In addition to the difficulty in accessing health services, among the main obstacles to the practice of self-care are the lack of time, information and motivation, or the lack of resources, factors that compromise the adoption and maintenance of self-care practices. In vulnerable populations, self-care can also be a form of resistance, as it emerges as a practice that favors the maintenance of health and coping with the difficulties of daily life, considering that these people face greater obstacles in accessing services, education and basic resources for care (OGASSAVARA *et al.*, 2024).

In addition, it is observed that self-care practices are not restricted to the use of medicines in isolation, there is often an association between the use of medicinal plants and industrialized medicines with the aim of enhancing the therapeutic effect: *"Then I make tea and drink it, sometimes I drink it alone, another time I take it with dipyrone, then the pressure lowers"* (E1 / F, 75 years old). This type of practice was also identified by Nink, Nunes, and Nink (2023), when they observed that, in another quilombola community, more than 50% of respondents used both conventional and traditional treatment.

5 FINAL CONSIDERATIONS

Based on the data analyzed, it was possible to identify two major axes of self-care practices present in the daily lives of quilombola individuals, in the face of different health needs: the use of medicinal plants and the use of industrialized medicines. Traditional knowledge, especially through medicinal plants, and the use of conventional drugs are mainly influenced by the local culture, the availability of resources and the severity of the health problem faced.

The results of this research show that self-care in the São Domingos quilombola community is based on knowledge acquired through experiences over time, being transmitted between generations. In this way, it acts as a strategy to deal with health problems, reduce dependence on formal health services and, thus, avoid the need to travel long distances, since the community does not have a fixed health service. This way of acting in relation to self-care practices expresses the resistance, autonomy and identity of this population.

In a context of search for equity in health, the results of this research contribute to direct the construction and implementation of more inclusive public policies and health practices, given that they address the quilombola reality, as well as the factors that influence

health care and the strategies adopted. In this way, research contributes to the appreciation, preservation of traditional knowledge and subsidization of new research.

Despite the contributions offered, this research has limitations, such as the need to extend the time of participant observation, allowing denser descriptions of the experience and self-care experiences of quilombolas. In addition, the results would be better delved into different specific points (health problems, gender, age, income, and function in the community), which would allow a more detailed view of self-care practices.

The results point to the need to strengthen health actions that really meet the needs of quilombolas, seeking to expand support for the adequate consumption of medicinal plants and industrialized medicines. It is believed that it is possible to structure primary/primary care services integrating traditional and scientific knowledge, favoring SUS medicinal plant and herbal medicine policies. In addition, encouraging dialogue is essential to value self-care practices. Future research may include different communities, and deepen the studies, aiming at the insertion of educational actions and health programs that integrate traditional knowledge.

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