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# Living conditions of *quilombo* women and the achievement of reproductive autonomy

## *Condições de vida de mulheres quilombolas e o alcance da autonomia reprodutiva*

## *Condiciones de vida de mujeres de palenques y el alcance de la autonomía reproductiva*

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## Abstract

**Objective:** to explain the interference of the living conditions of *quilombo* women in reproductive autonomy. **Method**: this is a qualitative study with 10 *quilombo* women aged between 23 and 49 years old, living in rural communities of the Identity Territory of Bahia Productive backlands. They attended the meetings and signed the Free and Informed Consent Form. Data were collected through focus groups and analyzed by Bardin's thematic analysis. NVivo software was used to organize the data. Data collection took place after approval by the Research Ethics Committee. **Results**: Considering the fact that half of quantitative was primigravida women, the majority used oral contraceptives, did not use condoms, nor did they participate in reproductive planning. The data revealed that the reproductive autonomy of *quilombo* women suffers interference from patriarchy, however, it has been remodeling with the financial independence of women. After aggregating the registration units, three categories emerged: "I would have to marry and have a child!", "Marks of submission and the achievement of autonomy" and "Reproductive planning: conflicts between freedom and obligation". **Conclusion and implications for practice**: unfavorable living conditions prevent *quilombo* women from fully experiencing reproductive autonomy; knowledge of these conditions may reveal real reproductive health needs and subsidize actions directed to this public.

**Keywords:** Women. Ethnic Groups; Reproductive Health; Personal Autonomy; Social Conditions.

## Resumo

**Objetivo:** explicar a interferência das condições de vida de mulheres quilombolas na autonomia reprodutiva. **Método:** trata-se de um estudo qualitativo com 10 mulheres quilombolas com idade entre 23 e 49 anos, residentes em comunidades rurais do Território de Identidade da Bahia Sertão Produtivo. Estas compareceram aos encontros e assinaram o Termo de Consentimento Livre e Esclarecido. Os dados foram coletados através de grupos focais e analisados pela análise temática de Bardin. O *software NVivo* foi utilizado para organização dos dados. Procedeu-se à coleta de dados após a aprovação do Comitê de Ética em Pesquisa. **Resultados:** Considerando o fato de que metade do quantitativo de mulheres era primigesta, a maioria usava contraceptivo oral, não usava preservativo e nem participava do planejamento reprodutivo. Os dados revelaram que a autonomia reprodutiva das mulheres quilombolas sofre interferência do patriarcado, entretanto, vem se remodelando com a independência financeira das mulheres. Após agregação das unidades de registro, emergiram três categorias: "Teria que casar e ter filho(a)!", "Marcas da submissão e a conquista da autonomia" e "Planejamento reprodutivo: conflitos entre liberdade e obrigação". **Conclusão e implicações para a prática:** condições de vida desfavoráveis impedem mulheres quilombolas de vivenciarem a autonomia reprodutiva em plenitude; o conhecimento dessas condições poderão revelar reais necessidades de saúde reprodutiva e subsidiar ações direcionadas a este público.

**Palavras-chave:** Mulheres; Grupos Étnicos; Saúde Reprodutiva; Autonomia Pessoal; Condições Sociais.

## Resumen

**Objetivo:** explicar la interferencia de las condiciones de vida de las mujeres de palenques en la autonomía reproductiva. **Método:** Se trata de un estudio cualitativo con 10 mujeres de palenques de entre 23 y 49 años de edad, residentes en comunidades rurales del Territorio de Identidad del Sertão Productivo de Bahía. Asistieron a las reuniones y firmaron el Término de Consentimiento libre e informado. Los datos fueron recolectados a través de grupos focales y analizados por el análisis temático de Bardin. Se usó el software NVivo para organizar los datos. La recolección tuvo lugar después de la aprobación del Comité de Ética en Investigación. **Resultados:** Teniendo en cuenta el hecho de que la mitad de las mujeres eran primigestas, la mayoría de ellas utilizaban anticonceptivos orales, no utilizaban preservativos ni participaban en la planificación reproductiva. Los datos revelaron que la autonomía reproductiva de las mujeres de palenques sufre la interferencia del patriarcado, sin embargo, se ha ido remodelando con la independencia financiera de las mujeres. Después de la agregación de las unidades de registro, surgieron tres categorías: "¡Tendría que casarme y tener un hijo!", "Marcas de sumisión y el logro de la autonomía" y "Planificación reproductiva: conflictos entre libertad y obligación". **Conclusión e implicaciones para la práctica:** las condiciones de vida desfavorables impiden a las mujeres de palenques experimentar una plena autonomía reproductiva; el conocimiento de estas condiciones puede revelar las necesidades reales de salud reproductiva y subvencionar acciones dirigidas a este público.

**Palabras clave:** Mujeres; Grupos Étnicos; Salud reproductiva; Autonomía Personal; Condiciones Sociales.

## INTRODUCTION

The range of reproductive decisions, characterized by the ability to control the number, timing, and spacing of pregnancies and births, is influenced by individual, family, social, community, and legal factors, such as knowledge about contraceptive methods and reproductive health, skills related to the correct use of these methods, feelings and attitudes toward contraception, and patterns of sexual behavior, as well as access to contraceptives.[1]

Autonomy is a fundamental concept for the full exercise of sexual and reproductive rights and has been achieved through the struggles of the feminist movement. However, women compared to men are at a disadvantage when it comes to sexual and reproductive rights, due to their role still of submission to sexual issues and almost exclusive responsibility for reproductive issues, which makes dialogue with the partner difficult and increases vulnerability. Thus, cultural and structural changes are essential to achieving gender equality in this regard.[2,3]

Women's empowerment, when measured by participation in domestic decision-making in relation to domestic violence and refusal to have sex with their husbands, has not been consistently associated with the desire of smaller families or the ability to achieve desired fertility in a study conducted in sub-Saharan African countries. However, the importance of the association between women's empowerment and reproductive decisions has been highlighted by other studies, since many African women wish to form smaller families, even without contraception practice.[4]

The political guarantee in relation to the full exercise of reproductive rights is fundamental. However, while access to contraception is a right guaranteed by the Constitution, it is not widely attended to, resulting in precarious, exclusionary, and even non-existent attention in some localities and ethnic groups, specifically harming poor women and those living in rural areas.[5]

Thus, both access to reproductive planning services, a fundamental basic right for people to enjoy a healthy and free reproductive life, and issues related to the reproductive health of *quilombo* women are not targeted. The data that make it possible to know their living conditions and health practically do not exist.[6,7]

The experience with the reproductive planning of *Quilombo* (an Afro-Brazilian community established by escaped slaves in Brazil during colonialism slavery ages) women pointed to the lack of family guidance health services the conception and contraceptive methods during adolescence. At the same time, it reveals a restriction of reproductive rights by this social group, marked notably by inequality regarding ethnicity (race/color) and other unfavorable conditions.[7]

However, the opportunity to study and enter the labor market, won by some *quilombo* women, especially those who stand out in the fight for their rights, make financial independence and women's empowerment possible, essential characteristics for reproductive autonomy.

Thus, the present study aimed to explain the interference of the living conditions of *quilombo* women in reproductive autonomy.

## METHOD

This is a qualitative study conducted with *quilombo* women, leaders of communities recognized by Palmares Foundation, located in the rural area of a small town, part of the Identity Territory of Bahia Productive Backlands.

The data were collected through focal group meetings and planned according to the study by Prates et al.,[6] based on necessary adaptations. The meetings were attended by an observer and the main author of the study as moderator. Scripts containing questions were used to stimulate discussion and proposed activities, which guided the scheduled sessions.

In the first meeting, after being presented the orientations regarding the operationalization, the objectives and the established stages, the participants presented themselves, chose a name to put on the badge and were invited to listen to the song "O Xote das Meninas" ("The Xote of the Girls") by Luiz Gonzaga. At the end of the song, the women were asked: "What did the music most call your attention to?" "What does the music have to do with the life of you or the women in the community where you live?" "What does the music have to do with autonomy/reproductive freedom? Then, images were distributed in the circle (woman with her hand in her mouth, couple hugging each other, macaw stick, bad road, mother with children, women's dance circle, health team in educational activity, pregnant woman, women in the harvest, little dolls representing a couple with a cloud of thoughts and a family represented in the cloud) so that the women could choose and stick on the poster to represent what interferes with their reproductive autonomy and that of the women of the community where they live; at the end of the construction of the poster, they would have to explain which image was chosen and why. The entire discussion was conducted by reflecting on the theme of reproductive autonomy. Finally, the synthesis, evaluation and closure were made.

The second meeting also presented the orientations regarding the operationalization, the objective and the stages. The participants presented themselves again, because there was a new member in the group and then the badges were distributed. In order to provide interaction, each woman should choose a message, read it and give it to the companion next to her as a souvenir of the woman's month. Then the women were asked to look in a small mirror given to each one and say which was the woman seen in the mirror and if that woman had reproductive autonomy. Therefore, some *quilombo* lines were read that participated in a master's7 research on reproductive issues. After hearing the lines, they would have to comment on what they heard, bringing reference to their lives and that of the women in the community where they live. At the end of the reflection, they had to point out words that came to their mind, represented everything that had been discussed and referred to the factors that interfered with the reproductive autonomy of *quilombos*, to be written on a poster posted on the wall. Finally, the synthesis, evaluation and closing of the meeting was done.

The meetings were held at the headquarters of the Rural Workers, Farmers and Family Farmers Union of the municipality

where the study communities are located. The first one on February 23rd, 2019, lasting one and a half hours, and the second on March 16, 2019, lasting one and forty-seven minutes, within the time limit highlighted by Gatti.[8] An audio recorder positioned in an appropriate location (upon authorization of the participants) and a field diary was also used for recording observations pertinent to the analysis.

Ten *quilombo* women representing seven communities located in the municipality participated in the meetings. Nine women attended the first scheduled meeting and six women attended the second. Five of the nine women from the first meeting were also present at the second where a new member who was not present in the first one attended.

The inclusion criteria of the study participants were: to be a woman leader (member of the *quilombo* association and/or participant in the community struggles), resident in the municipality's *quilombo* community, of reproductive age, of legal age (18 to 49 years old), who agreed to participate by signing the informed consent form. The choice of leaders is justified by the "place of speech" they possess, representing the communities in different political spaces, from negotiations regarding land ownership, or other demands such as education, health, housing. They are also skillful negotiators with public power, bringing effective answers to the needs pointed out by the communities.

The information from the focus groups began to be analyzed immediately after the end of the meeting, beginning with sensitive listening to the recording in a quiet place for speech understanding. At the same time, the content of the speeches was transcribed into a document in *the Microsoft Word* program (2007 version), so that notes were also made in the text, so that all the information, including non-verbal communication, was captured, thus allowing the enrichment and preservation of the essence of the participants' reports.

The data were analyzed by the thematic content analysis technique proposed by Bardin,[9] following the three stages:

- Pre-analysis: phase of organization and systematization of ideas; when the statements are transcribed and grouped to choose the documents to be analyzed, formulation of hypotheses and indicators that support the interpretation;
- Exploration of the material: when raw data are transformed and aggregated into units of records through codification;
- Treatment of results, inference and interpretation: third and last phase, when it is possible to propose inferences and perform interpretations in order to achieve significant results.

In order to facilitate the visualization of the collected data and the formulation of categories, through the systematic organization of the speech, NVIVO® 11 *software* was used.

The ethical aspects disposed in the Resolution 466/2012 of the National Health Council, that regulates researches that involve human beings in Brazil, had been respected.[10] The research had beginning after approval of the Committee of Ethics in Research (CEP), for the opinion no. 2.245.127.

## RESULTS

The *quilombo* women who participated in the focal group meetings were between 23 and 49 years of age, mostly married, farmers, Catholics, blacks, had primary schooling and an individual monthly income below a minimum wage. Half of these were primigravida, the majority used oral contraceptives as a contraceptive method, did not use condoms, and did not participate in reproductive planning.

Even though it was a survey of black women, the race/color question was included in the sociodemographic profile of the participants and one of the married women declared herself white. It is worth noting that in this region, some *quilombo* married women who were not necessarily born in these localities and who, after being married, became part of the community. The inclusion of light-skinned people is a characteristic that can be identified in the contemporary *quilombo*, the result of "interracial" unions and new family configurations. Some contemporary *quilombos* differ from historical *quilombos*, where refugee slaves or descendants of black slaves lived, but not necessarily fugitives.[11]

After inserting the transcriptions in the NVIVO® 11 software, aggregating the registration units through the knots and carrying out inferences and interpretations, three categories emerged related to the interference of the living conditions of *quilombo* women in reproductive autonomy: "I would have to marry and have a child!", "Marks of submission and the conquest of autonomy" and "Reproductive planning: conflicts between freedom and obligation.

### I would have to get married and have a child!

A social factor that interferes with the reproductive autonomy of women, highlighted by *quilombo* women, was the imposition of society in relation to marriage and, consequently, the constitution of the offspring. However, the talk of a leadership points to the disregard of this imposition. The role of women as mothers was valued, and the failure to achieve this condition pointed out as something bad for those who wanted it.

> *I think like this, the woman is already a little bit, so one can say discriminated, when she arrives at the stage of adolescence, the same speaks in music* (O xote das meninas de Luiz Gonzaga - used as a stimulus for discussion) *that she no longer wanted to play doll, that she just wanted to know about dating, maybe because her body changed everyone already thought she was at the age of marriage, people are already thinking about leading us to a marriage* [...] *People have already had an affair with me, because I don't get married, but these things don't influence me. I don't mind* (P5, 36).
>
> *The woman when she becomes a mother is very good, she gets happy, it's part of our life, and it's also bad because she has those who can't be a mother too, for me it's very good because I've had three daughters, with a lot of*

> *suffering because for 6 months I don't eat, I don't drink, but after that everything is just joy* (P10, 31).

In one of the speeches it is still possible to perceive a religious justification for family composition, understanding the woman not as submissive, but as a companion of her husband, who achieves what she wants through dialogue:

> *Deep down, deep down, we need a partner, even if many times our husband doesn't accept our suggestions, but when we arrive in a good conversation, in a good conquest, we manage to dominate him, not wanting to be too much in front of him. Because I have little knowledge of the Bible, God formed a couple, formed a man and he saw that the man needed a partner, so the man needs not the wife to rule the husband, but a helper to be there beside the husband* (P7, 38).

Another problem highlighted by *quilombo* women refers to "single mothers", as they call them. For them, the presence of a partner makes it easier to raise their children and avoid social discrimination.

> *The woman who has her partner suffers much less than the woman who has her children alone. I know, I talk about it because I have my sister who has 5 children and raises her children alone, I know the difficulty, the struggle, she doesn't have a vent, a partner to be there sharing the difficulty of raising her children* (P7, 38).
>
> *And this other image (used for the poster construction) I also found very interesting, because it portrays a single mother, and I'm also a single mother and as she said, for lack of a man her life stays in the mouths of others, but nobody puts himself in place to know what she goes through to support these children alone* (P5, 36).

Despite the social imposition of marriage and the constitution of the offspring, the number of children has been reducing, according to the *quilombo* women of the study. This follows the national trend of falling fertility rates.

> *Before, when we were going to talk to a couple in the community every year to have a child, the husband would say no, what wife of his was made to give birth. When a time came, he turned to me, "Oh, if I had listened to you at that time, I wouldn't be suffering today. Because he was already an old man at that time, he with a new wife made a lot of children and the consequence came that he no longer had the strength to work* (P3, 49).
>
> *It's something blatant, it's the reality of many and you can see why my great grandparents had 18, my great grandfather had 18, my great grandmother had 7 and mommy only had 2, then you can see that as time went by the people learned, changed, had a choice, and formerly was not a choice, it was the nature that let follow the course of nature* (P4, 23 years).

In short, *quilombo* women have pointed out that, despite the social imposition, they are conquering the freedom for reproductive decisions.

> *Women are slowly conquering their freedom, although they have some problems, they suffer from the prejudice of society and also from the male issue, but in general women are managing to conquer their space in the world, they are managing to decide if they really want to have children, if they stop wanting to have children, how many children they want to have, even with the issue of society itself* (P4, 23).
>
> *I see (in the mirror - dynamic to stimulate discussion) a warrior, struggling woman, I am a mother, single mother. And I'm very happy, thank God I'm free, nobody interferes in my life. I'm very independent, in my reproductive life this is also the way it is, so I'm very happy with it, and even today in my life, thank God, I have no regrets at all, and especially in my reproductive life* (P6, 30).

## Marks of submission and the achievement of autonomy

Another social factor pointed out by *quilombo* women as limiting reproductive autonomy is female submission. They report that this issue has been changing, but that the decisions of many women in the community still suffer interference and impositions from their husbands/companions.

> *In the community there are still those men who do not accept women to use contraceptives, who do not accept women to do prevention. So, this is still the reality of our municipality, not 100%* (P8, 44).
>
> *I believe that deep down in the trunk, there are still men who try to dominate the woman's desire, and they end up, not in their totality, but they end up still going by their husband's will. Even today men try to manipulate women* (P9, 41).
>
> *Before, we women were a bit stuck, housewives, destined to have children, take care of children, just to work at home, dedicate our lives to our husband. And today no, today the woman already works outside, but we just must make it happen, we can't put our heads down. Raise your head and not accept what your husband says. Because before not, before it was mandatory, I had to accept. And today no, today the woman has a speech* (P3, 49).

The dialogue between husband and wife is a familiar factor pointed out by the participants as a possible solution for female

submission. However, the dialogue seems to be something difficult to achieve in the relationship, and it is necessary to "speak with style".

> *But this freedom depends a lot on combination, for example, if your husband is a difficult person to understand he must take it with him, "that's why, that's how". Today it's difficult, the more children you have, the more the difficulty increases, it's not like in the past, that our parents, our grandparents had one after the other and raised everything the same, but today it's difficult, the spending today is total difficult* (P8, 44).

> *In our community today, thank God, women can talk to their husbands to decide whether they will have or not. But in the old days I didn't have that, I just had to reproduce, I didn't know any method, no contraceptive, and those who did, the husband wouldn't let them use, but today everyone has become aware of it* (P5, 36).

The financial independence, won by some women but not well seen by men, appears as an individual factor pointed out by *quilombo* women as a facilitator for autonomy.

> *I chose that image that the woman has her hand in her mouth, because in the past the woman did not have the authority and freedom to be able to speak and decide things, only today when the woman is independent she has more freedom to choose things in her life, so that image reflects that a lot* (P6, 30).

> *I don't think my community is any different from yours, that women are always so far ahead, dripping men and women taking care of themselves, and there are men who still want to be macho; they don't accept that women are independent* (P3, 49)

The search for autonomy, according to the *quilombo* women of the study, is given by training, by work and even by groups of women who meet to reinforce the culture of the community, produce and yet increase the income with the sale of products.

> *This image here portrays the group of women, that we also have in our association a group of women who make sweets and crafts. And the group of women also strengthens the women of the community, makes them autonomous, also by going through difficulties makes them even increase their self-esteem, and in case of reproduction as you speak. And I also found the culture very interesting, that culture must be valued, women have to have their moment of joy* (P5, 36).

> *Today there is the market, it is offering this work, so it is up to us to seek, to perfect and not to stay behind, and not to depend always, to be a slave of her husband* (P3, 49).

## Reproductive planning: conflicts between freedom and obligation

For these women, the responsibility for reproductive planning is all directed to the woman. However, in most cases, this responsibility is not understood as freedom of choice, but as an obligation for prevention.

> *In any case, it is the woman who has to take the injection, it is the woman who has to take the pill, if she is going to use the DIU (IUD) it is the woman, the question of the man stays alone in the condom and if it depends on the man and the woman doesn't speak anything has the relationship without the condom, then the whole question of prevention is the woman* (P4, 23).

> *This girl of mine there I stayed with her 16 years, only after I went to fix this other one, but because I put the IUD, and put it alone too, I didn't have a husband to go there with me. I put the IUD and I stayed with him for 11 years, after I took the injection and with 15 days I got pregnant, so now I got it, with faith in God I got my bandage* (P2, 37).

Reproductive planning is understood by study participants as the exclusive responsibility of women; not that it should be, but it is what is observed. They express that, when it comes to lacquering, the spouse's signature is necessary, and even though they do not know the criteria for such a procedure well, *quilombo* women seem to be bothered by this imposition.

> *I have a small impression that this freedom is kind of, as I can say, illusory. Because the point is this, the woman has a whole freedom yes, but at the time of lacquering she needs her husband's signature, she can't decide not to have any children, because doctors only take signature from the moment she has three children and 35 years old, so this freedom is half illusory, you don't have total freedom over your body after all [...] I think it's absurd, the height of absurd man having to sign for woman to operate. The body is mine, I do with it what I want* (P4, 23).

> *I think everything falls on the woman, because I am the mother of six children, first I had the four, then the youngest was this girl there, then the people would say "do the sterilization", then I would ask my husband and he would say: "ah, but today I don't have gas", "ah, but tomorrow I'm going out" [...] No, he didn't care about his son, I speak the truth, he is an excellent husband, everything I say he agrees, but that's why he didn't agree no (sterilization). That's why I don't know if it's because he wanted to have more son, I don't know what it was, or if he was sorry to*

> *lose a day of service, and I don't know, I just know he didn't want to* (P2, 37).

They highlight the difficulty men have in performing vasectomy, as they claim to reduce male virility, which further increases female responsibility for reproductive planning.

> *But this is the question of that macho man, who thinks that if he is going to do it then he is no longer a man, so there is a lot of orientation also in these kinds of things, because in my region there is already a man who has decided to do the sterilization, because he has the male sterilization, so they have already decided, I met only one who did the surgery* (P8, 44).

> *For sure, it's a reality in my region too, even we have cases there that the woman has all kinds of problems, she has another surgery to do because she gave a problem with gallbladder stone and her husband does nothing, on the contrary, there has been a fight to see if he at least signs for her to make the connection. And he doesn't want to call because he's macho, could he call, do the lacquering and not her, for the risk of having several health problems in her. So, for sure, all the responsibility goes to the woman* (P6, 30).

Knowledge" is also highlighted as an individual factor that interferes in reproductive decisions, because, in fact, many times, not even healthy choices, pregnancies happen for lack of knowledge.

> *In the quilombo where I live, I think that if I make an average of the people still live in this life, of not knowing to avoid. Today there are women there who at the age of almost retirement have children underage. They didn't know any method, and they had one child after another, and had no option* (P5, 36).

> *Many women already fell in this reproductive life early, for lack of information, and thinking maybe it was one thing, and in the end, for lack of information, it wasn't, and they got along badly. Because maybe if they knew, they would prevent themselves* (P8, 44).

> *Today, as much as they have a lot of information, mothers talk a lot with their children, today it happens that teenagers are very young mothers and this loses of enjoying the youth, loses of studying, in the future they have a very young child and so they don't have a financial base to be able to educate their child in a better way. I am 30 years old, and in my time my mother didn't talk about this with us. So, like this, thank God I had a better head, I had my son at 24, but my mother, her way of raising us, she didn't talk about it* (P6, 30).

## DISCUSSION

The roles defined for women in society throughout history determined, and in some cases still determines, their reproductive decisions. Social pressures for marriage and conception are experienced by many women early in adulthood, especially those belonging to certain ethnic groups and/or residing in communities still with strong patriarchal imprints, such as rural *quilombo* communities.

For a long time, marriage was the only way for women to obtain a social identity, and the marriage contract, linked to patriarchalism, was based on the subjection of women to men, including the processes of decision-making and reproductive choices.[2]

Such social imposition by marriage leads many women to psychic suffering when they are separated, and if they have a child, they are called "single mothers", which increases prejudice. This fact is also reported and perceived in the non-verbal expressions of the participants who had or have experienced this reality.

Since the colonial period, there have been reports of male genitors who did not recognize their children, usually for extramarital relationships with poor, black and socially condemned women to be single and sexual objects of their employers. This reality continued in the 20th century, when the children of Black women no longer represented an increase in the number of slaves for their masters but were still born as children of unknown parents. Today, some women have freed themselves from the private world, studied, entered the labor market, and have achieved the autonomy to lead a family on their own; however, this is not a reality for poor women, who have historically been heads of families, but not by choice.[12]

Religion also appears as a justification for the need for a family constitution, and, in this case, the biblical records are proof that God created women to be companions of men and ordered them to perpetuate the species.

The attribution to divine force over the decision of their future and offspring is something pointed out in a study conducted with *quilombo* women from the Recôncavo da Bahia, who, even though they do not desire pregnancy, are forced to accept it because it is a socially expected behavior.[7]

However, with the insertion of women in the labor market and the increase in schooling, the fertility rate has decreased, resulting in the reduction of the offspring of several families,[13] including those living in rural *quilombo* communities, as the participants of the study emphasize by drawing a comparison between the number of children of their grandparents, mothers, and their children.

*Quilombo* Women of Bahian Reconcavo declare that they do not regret the number of their children, but attest that they need to work hard with their partners to provide for the house, so they claim that they do not want to repeat this experience and already talk to their children about it.[7]

Financial independence is understood as the main factor that contributes positively to women's autonomy, including in reproductive issues. In this condition, she can decide for

herself since she does not depend on her husband/cohabitant financially, the latter is no longer "her owner". In the search for this independence, the participation of women in groups, very present in *quilombo* communities, is highlighted as an important rescue to culture, through handicrafts and cooking, and allows for an increase in income.

Studies of *quilombo* women point to precarious socioeconomic conditions, which make it difficult for these women to be financially independent.[7,14,15] Unemployment among black women is much higher compared to rates among white women.[5] Many *quilombo* women in the Productive Backlands even spend months away from home looking for jobs on the plantations of the Southeast, a place with more rain and more job opportunities. Thus, when the reduction in offspring is not due to the insertion of women in the labor market, it is due to financial difficulties, understood today as a problem for raising children.[7,12,13]

Even in the face of improvements identified in relation to female submission, situations of male imposition were reported by *quilombo* women leaders as something still present in the lives of some women in the community, especially among married and financially dependent women. As leaders, they show themselves to be more certain of their choices and with greater conditions to achieve autonomy, being important motivators and agents of change within the community.

Dialogue is brought by *quilombo* women leaders as an important factor in breaking down gender inequality. They encourage and encourage women in the community to engage in dialogue, even if this is often not an easy task.

Little dialogue about contraceptive use is a constant in the lives of many couples, and this inability to negotiate reproductive planning is influenced by gender norms.[16] This influence was also identified in a study of men in southern Mozambique on perceptions and experiences in reproductive planning.[17]

A study on vulnerability to HIV/AIDS in the Brazilian context and inequities of gender, race and generation has shown that dialogue on condom use and the prevention of sexually transmitted infections, although difficult among girls and single women, is even worse among married women, which presupposes a lack of trust in their partner or even some suspicion about their own fidelity.[18]

A systematic review study presents reproductive coercion as a phenomenon that disproportionately affects intimate partner women, women of lower socioeconomic status, single women, and African American and multiracial women.[19]

A study of women attending a public reproductive health clinic in a city of Ghana points to a common practice among women in sub-Saharan Africa: the confidential use of contraceptives, which consists of the practice of using a contraceptive method without the partner's knowledge. This is considered symptomatic of women's lack of ability to freely exercise their reproductive rights.[20]

The husband's objection was one of the most common reasons mentioned by more than 70% of women in Ethiopia for not using family planning methods.[21] A study conducted in the Democratic Republic of the Congo found that women may face barriers to contraceptive use due to limited autonomy in decision-making, probably reflecting unequal power dynamics between women and men in households.[22]

Despite female submission, which is still present in many situations today, women are given responsibility in reproductive planning. This responsibility leads to a false sense of autonomy, because the action is according to what is imposed and, when something unexpected happens, regarding the couple's reproductive decisions, the woman is taken as the only responsible. Another issue discussed in this question refers to the authorization of the spouse in the sterilization process, which is sometimes understood as one more macho attitude, which limits the woman in face of a decision about her own body, sometimes as a way to provide the decision between the couple.

Several studies, both from the perspective of women and of health professionals and men themselves, point to the male detachment from family planning services, resulting from the man's imaginary as invulnerable or from the understanding of reproductive planning as a female responsibility, thus, women assume contraception as an activity of their responsibility and the role played by the partner is an accessory function when it happens.[15,16,23-25]

A study conducted with *quilombo* women from the Bahian Reconcavo points out that pregnancy prevention is socially placed as a "woman's thing," that men do not feel responsible and are excluded from health services, besides not presenting them as co-responsible for pregnancy and child rearing, even though the Family Planning law points them out as an integral part of the set of actions to care for women, men or couples. Thus, the choice of the contraceptive method is made solely by women without any interference from their partners or even any combination.[7]

And, "by choosing alone and taking responsibility for contraception, a woman exonerates her partner from an assignment that is both, reinforcing the socially constructed idea, and accepts, consciously or unconsciously, that they are in charge of reproductive affairs." [25:659]

Another factor pointed out as determinant for reproductive autonomy was the knowledge about conception and contraceptive methods. Although information is reaching farther away, especially through the Internet, many *quilombo* women do not exercise autonomy for reproductive choices because they do not know the methods to avoid pregnancy. This is linked to poor schooling and a distance from health services.

The Inequalities of Race, Gender, and Class Report[26] indicates that non-white men and women have an average of two years less education compared to white men and women.

The lack of knowledge about reproductive planning and non-attendance to Basic Health Units by *quilombo* populations can be explained, mainly, by the distance between rural communities and health services. Thus, the lack of information and guidance on the use of contraceptive methods contribute to unwanted pregnancies and the choice for early lactation.[7,27]

The lack of knowledge can also lead to the perpetuation of the prejudice against vasectomy, understood by many as responsible for problems related to male erection.

An integrative review study, which sought to describe scientific knowledge about men's participation in family planning, showed that, although men are satisfied after being submitted to vasectomy, numerous fears are still present, especially with regard to devaluation as a "man", which makes its practice not yet common, despite its proven benefits.[23]

Faced with all this problem, a *quilombo* woman participating in the study highlights educational activities directed to men as an intervention strategy, something possible to develop and an innovative action in view of the studies in the area.

## CONCLUSION

The data from the two focal group meetings held demonstrate that the reproductive autonomy of *quilombo* women in the communities studied is being interfered with by patriarchy, but that it has been remodeling from the conquest of financial independence on the part of some women, such as the leaders participating in the meetings, who demonstrated a certain power over the body, work, and reproductive decisions.

From the results presented, it can be concluded that unfavorable social, economic and individual conditions, which in turn contribute to a higher level of inequality, prevent *quilombo* women from experiencing reproductive autonomy in its fullness.

The lives of *quilombo* women are still marked by the social imposition of patriarchal standards of submission to their peers. On the other hand, the lack of dialogue and, often, the difficulty in obtaining information and lack of health services limit access to reproductive planning.

However, it is worth mentioning the decrease in male imposition reported by *quilombo* women leaders, especially among those who have achieved emancipation, whether through financial independence, political participation or even changes in social standards. These achievements represent advances in terms of reproductive autonomy and show the possibility of leaving the condition of submission.

The use of educational actions that use reflective methods can broaden the understanding of reproduction with shared responsibility, including co-participation in the education of daughters and sons, fundamental to building gender equality.

The contribution of this study to the population in general and to the health area is noteworthy, since the results may give visibility to the living conditions of *quilombo* women and their real reproductive health needs and, therefore, subsidize actions directed to this public.

## AUTHOR'S CONTRIBUTIONS

Study design. Elionara Teixeira Boa Sorte Fernandes; Sílvia Lúcia Ferreira.

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Data analysis and interpretation of results. Elionara Teixeira Boa Sorte Fernandes; Sílvia Lúcia Ferreira; Cláudia Suely Barreto Ferreira; Verônica Barreto Cardoso.

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