

A quilombola remnants community: cultural health care practices used in puerperium

Comunidade de remanescentes de quilombolas: práticas culturais de cuidado utilizadas no puerpério

Comunidad de remanentes quilombolas: prácticas cultural de atención utilizadas en el puerperio

Tâmara Silva de Lucena^{ORCID}; Luana Jeniffer Souza Farias da Costa^{ORCID};
Amuzza Aylla Pereira dos Santos^{ORCID}; Jovânia Marques de Oliveira e Silva^{ORCID}

ABSTRACT

Objective: to describe cultural practices of health care for *quilombola* women in puerperium. **Method:** this qualitative, descriptive study was framed by Madeleine Leininger's Theory of Culture Care Diversity and Universality. Fourteen *quilombola* women who had already experienced the puerperal period participated in the study. Information was collected from June to September 2018. The project was approved by the research ethics committee. **Results:** beliefs and values were observed to be maintained in the local culture as regards practices of care for puerperal *quilombola* women. **Final considerations:** the postpartum care practices applied by *quilombola* women were characteristically influenced by the beliefs, values and ways of life transmitted orally by other women who had already experienced puerperium.

Descriptors: Women; Postpartum Period; Nursing; African Continental Ancestry Group.

RESUMO

Objetivo: descrever as práticas culturais de cuidado no puerpério de mulheres quilombolas. **Método:** estudo descritivo, de abordagem qualitativa e delineado por meio da Teoria da Diversidade e Universalidade do Cuidado de Madeleine Leininger. Participaram do estudo quatorze mulheres quilombolas que já tinham vivenciado o período puerperal. A coleta das informações ocorreu de junho a setembro de 2018. Projeto aprovado por Comitê de Ética em Pesquisa. **Resultados:** observou-se a manutenção das crenças e valores, considerando a cultura local relacionada às práticas de cuidado de puérperas quilombolas. **Considerações finais:** as práticas de cuidado desenvolvidas por mulheres quilombolas no pós-parto se caracterizam por receber influência das crenças, valores e modos de vida que foram transmitidas por meio da oralidade por outras mulheres que já tinham vivenciado esse período.

Descritores: Mulheres; Período Pós-Parto; Enfermagem; Grupo com Ancestrais do Continente Africano.

RESUMEN

Objetivo: describir las prácticas culturales de atención a la salud de las mujeres quilombolas en el puerperio. **Método:** este estudio cualitativo y descriptivo fue enmarcado por la Teoría de la Cultura Cuidado de la Diversidad y Universalidad de Madeleine Leininger. Participaron del estudio catorce mujeres quilombolas que ya habían pasado por el puerperio. La información se recopiló de junio a septiembre de 2018. El proyecto fue aprobado por el comité de ética en investigación. **Resultados:** se observó el mantenimiento de creencias y valores en la cultura local en cuanto a prácticas de cuidado de las puérperas quilombolas. **Consideraciones finales:** las prácticas de atención posparto aplicadas por las mujeres quilombolas estuvieron característicamente influenciadas por las creencias, valores y formas de vida transmitidas oralmente por otras mujeres que ya habían experimentado el puerperio.

Descriptores: Mujeres; Período Posparto; Enfermería; Grupo de Ascendencia Continental Africana.

INTRODUCTION

Puerperium is popularly known as quarantine, diet or protection, according to the sociocultural aspects¹. It is characterized by being a remarkable stage in the woman's life, permeated by local and systemic changes, resulting from pregnancy and childbirth. It begins with placental expulsion, but its end is still poorly defined, although it is usually established between six and eight weeks, when the body begins to return to its pre-pregnancy state².

Due to these changes, women in the postpartum period need emotional support and assistance in their daily activities from both their personal network and health professionals. However, how this assistance will be offered will depend on the culture and the moment that is being experienced. Thus, the care demanded in the puerperium does not depend only on the professionals, but also on those from the woman's social and cultural network³.

Corresponding author: Amuzza Aylla Pereira dos Santos. amuzza.santos@gmail.com.
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Because of this care offered by the family, the guidelines provided by the health professionals may be opposed to popular knowledge and not be followed by the puerperal woman, as family relationships influence the way individuals perceive and experience the health-disease process, as well as the care needs of their members, when the family tends to be supportive and caring^{4,5}.

During the puerperium, there are many cultural practices that are rooted in society related to body hygiene, food, sexual activity, physical activity, breastfeeding, and care for the surgical wound, and the family is an important propagator of these daily practices, since their experiences are cherished. The meanings, standards and modalities of care are culturally acquired, according to Leininger^{6,7}.

More specifically, the care practices developed by puerperal women are unknown to many professionals, and this lack of knowledge is clearer when considering the context of quilombola communities, whose difficulty in accessing care is greater due to their location, confirming the complexity and severity of the health and education conditions of this population. These facts show that the situation of vulnerability still persists in this group due to its historical and cultural process, which causes social inequalities, as well as less access to goods and services^{8,9}.

When relating care to the puerperal period, it is essential to know the women's experiences during this time period so that the care provided is unique and consistent with their demands¹⁰. Puerperium is characterized as one of the most important moments of women's life, but they do not always experience this moment in a similar way, since it is influenced by several forms of care and guided by empirical knowledge, passed on from generation to generation, depending on the context of each woman¹⁰.

In addition to biological and physiological aspects, the puerperal period is also permeated by psychological and emotional changes. It corresponds to a moment of delicacy, not only due to the change of roles of the woman-mother, but also due to the oscillation of feelings, marked by euphoria, fear, relief and anxiety, which are triggered and influenced by hormonal changes and by the new demands of becoming a mother¹¹.

Therefore, it is necessary to know the context of women in the puerperium, their beliefs, practices, and values so that the health professionals can provide culturally congruent care¹³. Thus, family relationships influence the way individuals perceive and experience the health-disease process, as well as the care needs of their members, considering that family support is fundamental^{4,5}.

In this sense, this study aimed to describe the cultural care practices in the puerperium of quilombola women.

METHOD

A qualitative and descriptive research study based on Madeleine Leininger's Theory of Diversity and Universality of Care¹². The research was carried out in the Community of Remaining Quilombolas of Muquém, located in the city of União dos Palmares, in the inland of Alagoas. This community was certified in 2005 by the Palmares Cultural Foundation (*"Fundação Cultural dos Palmares"*).

The research included those women who had already experienced the puerperal period and who were born in the Community of Remaining Quilombolas of Muquém. The exclusion criterion was having some cognitive impairment that would make communication impossible. The approach to the research participants occurred through educational activities developed by the researcher in the community. After that, the study participants were identified and, based on the research inclusion criteria, the researcher visited the women who met them. The study objectives were presented to them and, soon after the explanation, they were invited to participate in the study. All agreed to participate in the study, with no refusals. Thus, the interviews were scheduled with time and place, according to the availability of each woman to be interviewed.

The information was collected through a semi-structured interview from June to September 2018, with the immersion of the researcher in the field. For this, a voice recorder was used. After this stage, the interviews were transcribed in full with subsequent analysis. The transcriptions were carried out in a verbatim manner to the narrative, preserving the women's identities and using a pseudonym to replace their name.

The analysis of the information took place through the systematic method of qualitative research, following the stages of pre-analysis, exploration of the material, data treatment, inference and interpretation, thus resulting in three units of meaning. The units were based on Leininger's Theory, which assimilates the universality and diversity of care, proposed by the theorist. The stages were verified using the Consolidated Criteria for Reporting Qualitative Research (COREQ) checklist. The research was approved under Opinion No. 2,725,381, by the Research

Ethics Committee, complying with the rules provided for in Resolutions No. 466/12 and No. 510/2016 of the Ministry of Health.

RESULTS

Fourteen women who experienced puerperium in the Community of Remaining Quilombolas of Muquém participated in the study. Preservation of customs and traditions was observed, considering the local culture related to the care practices of quilombola mothers. After reading and analyzing the interviews, the following units of meaning were created: Care practices related to rest, Care practices related to hygiene, and Care practices related to nutrition

Care practices related to rest

The care received during the puerperium is surrounded by beliefs, values, and practices that are passed on from generation to generation. Rest takes place in the puerperal period in order to avoid complications to preserve health in the postpartum period. Thus, women deprive themselves of their usual activities, including household chores, as a means of avoiding health problems in the future, as shown in the following statements:

We can only touch a broom after 30 days. (Tangela)

Oh honey, nobody touches a broom, only after a month they are free to sweep the house. (Tisha)

No bending down, sweeping the house was only light cleaning! She told me that I couldn't lift any weight. She told me that these parts of people "remain" open (points to the pelvic area) and only "return" back to normal after 45 days. (Latasha)

And after a month and fifteen days I took care of the cleaning (Gina)

In Latasha's statement, it is possible to observe that the care she exercised in the puerperium comes from the culture that was transmitted to her. This care practice comes from previous generations, preserving the culture in the community. Universality of care is presented to the women in the study, since they all take some time off from domestic chores, avoiding lifting weight, because for them the body is "open", that is, it is exposed to diseases.

For the women interviewed, the return to sexual activity has a predicted period of at least thirty days after delivery, as described in the statements:

Relationship with husband only after 45 days... My mother-in-law told me that, if women want to be healthy, they should only look for their husband after 45 days. (Latasha)

During the time off, I would tell my husband: let's take some time off, then I would be apart from him for about three months and then get together again! (Maisha)

The time off ended in 30 days, but wait another 15 days to be with your husband, my aunt used to say. (Malayka)

Another topic addressed by the interviewees, portrayed as a complication arising from not resting, is postpartum hemorrhage, as referenced by the women:

My mother said not to make any effort. Not to lift weight, right? Not to bleed, not to have hemorrhage, that was our self-care. (Tangela)

The midwives taught me, the neighbors... taught me not to lift weight, not to climb uphill, not to sit awkwardly... they said these things so as not to come apart, because of the 'mother of the body'... For when I reach the age I don't feel anything, because of not resting properly... I'm healthy today because I had a well-done rest, I didn't do these things... Isn't the 'mother of the body' a big ball here? (points to the lower abdomen). Every woman has it, if she does something awkwardly she sticks out because the body is open. (Etana)

For Etana, the "mother of the body" is considered a sacred part of the woman's body that is responsible for every component of the female body, understanding that, in the puerperium, it is necessary to self-protect as a form of protection to the female axis, because if the "mother of the body" is not well, the other parts of the woman's body will face health problems for life. Thus, for these women, it is essential to preserve their well-being and health.

There was also rest restricted to the bed in the early days of postpartum, as expressed by the women:

Now no one rests anymore. Three days on the bed, honey, you only get up after three days. Then, after three days, I got out of the bed but, I mean, I just stayed inside the house. From here to there. Then, after three days, she would send us around the house. (Tisha)

When I got home from the hospital, my aunt told me to stay quiet inside the house. Later my aunt taught me to walk around the house three times, which is this fine rest, from her mother's time and she taught it to her nieces. (Malayka)

At first it was a rest that drove me crazy. I would spend three days lying on the bed, on the fourth day I got out. (Etana)

Care practices related to hygiene

This subunit revealed the care focused on the women's body hygiene in the postpartum period, especially regarding the great importance of not washing the hair, according to the following statements:

We only showered after 15 days... the elders said and it was a warm bath... before that we just washed (Maisha)

Certain parts we wash. Warm water and we wash ourselves, and for the ultimate bath we go to the river... the ultimate bath is so good to finish the rest. (Tanisha)

For the bath I used warm water. But, the last time, the people in the hospital told me to take a shower about three hours after I had the boy, and I used to take it the other day, then when I got home I had a headache and I still have it today, because I broke my rest. (Mariama)

Thus, the women believe that, if they do not carry out the care as learned, they will "interrupt the rest", leading to health problems in the future. Thus, the oldest women in the community, in the first fifteen days postpartum, only did the hygiene of the intimate part and, only on the fifteenth day, they showered. After thirty days, at the end of the rest, the bath happened in the river, a reference place for all the people in the community.

It is important to note that the care for the intimate part aims, even if empirically, at the prevention of puerperal infection, as there is an increased risk for infection, especially in cesarean surgeries and, to a lesser extent, in the lacerations of childbirth.

Then we didn't take a shower. Now we had, you know, to wash ourselves. That's right... especially at night, when there was no one around. Everything with warm water... we did that stew, that bunch of herbs that they used to make (Aisha)

To wash ourselves, we put a medication in the water, hume stone, a pebble like salt stone, and Stryphnodendron, and cooked and washed at night, at bedtime. (Malayka)

I used neutral soap when I washed the wound. Then I dried it properly, dried it and then used alcohol like that during the surgery. (Chinaka)

Care practices related to hygiene of the intimate part are universal among quilombola women, as this is a practice that they embrace during the entire period of rest. It is as if, at this moment in the postpartum period, this region needed more care than any other part of the body, demonstrating that they establish preventive cultural practices.

Care practices related to nutrition

When talking about the postpartum diet, women revealed that there are foods that can be consumed in the postpartum period and that will be beneficial to health, as described below:

I think that's why I'm healthy today, because I was on a diet. It was a ghastly diet. (Etana)

Honey, our food was chicken stew. We were only allowed to eat beans after the cold shower. I mean, cowpea, you know? (Amara)

We don't eat all foods, there is the proper food. It's beef, it's country chicken, no one eats farm chicken. That nowadays there are a lot, but we don't eat... Cod, beef jerky. But that's it! No! (Tanisha)

Nothing too heavy so as not to harm yourself later. (Gina)

The women interviewed also reported that, in the postpartum period, they do not consume the foods considered "heavy", which should be excluded from the diet during this period.

Not eating anything heavy so as not to harm yourself afterwards. Fish, broad beans, potato, beef tripe, pork. Each had a specific time to eat while the woman was on the diet (Gina).

At the hospital we eat beans. And here at home we don't, right?! It's all mixed up over there. I ate bananas, cheese that I didn't use to eat... It's true!! I said: I don't want that! I'm not used to eating that, but you will eat, because you are not at home. When I got home, I changed! (Shani)

In this sense, through the women's statements, it was possible to observe that food is surrounded by beliefs, values, and practices that were learned and passed on through the generations of women in the community.

DISCUSSION

For cultural identity to survive, it needs to be perpetuated, since the transmission of values, beliefs, norms and lifestyle guarantees the strengthening and resistance of a given culture. Among the transmissions of values, beliefs and practices, it is possible to observe that, since ancient times, women have been the main caregivers with patriarchal functions, exercising the practical ability of caring^{7,12}.

This perpetuation of cultural practices was evidenced in the research, where all women interviewed reported some care practices transmitted by their mother, grandmother, aunt or neighbor. Thus, the transmission of the care practices and values exercised by the quilombola women of Muquém in the postpartum period confirm that the local culture is maintained throughout the generations.

The postpartum period can last from six to eight weeks, or it can be divided into immediate, late and remote puerperium⁴, directly influencing the return to sexual activity. In the Muquém regional scope, there was cultural diversity related to this period, ranging between thirty to forty-five days, with the influence of kinship factors. In the studies by Corrêa and Spindola^{14,15}, a specific period was not observed, but rather the moment when the woman was adapted to return.

The cultural knowledge of the quilombola women are practices learned as a way of taking care of themselves to avoid serious complications in the postpartum period, as these were the ways that they understood that the body needed rest to stay healthy. Etana's statement, when referring to the "mother of the body", is referring to the uterus and, by abstaining from domestic chores and heavy activities, she is helping in its recuperation and preventing diseases; so she needs to maintain this care and cannot transgress it. It is possible to understand that the women are influenced by the beliefs and values of the people who helped them during this period and that, if they not do the care as they were taught, they could get sick and would not be healthy, referring to the pre-pregnancy period, that is, they would "interrupt the rest", showing a lack of congruence of the universality of cultural care¹⁶.

For the women in Muquém, this practice of rest is universal, as the care was passed on by women who have already confirmed their previous experience, aiming especially to avoid complications from postpartum, such as hemorrhage. They believe that the activities that require greater physical effort can increase bleeding, showing their vulnerability.

Postpartum hemorrhage is known to be a frequent complication and one of the main causes of maternal mortality. This type of mortality remains a problem in several countries, including Brazil, characterizing a public health problem¹⁷.

The puerperium for the women in Muquém is a period of rest and care and that, if not protected according to the instructions transmitted, the body may not return to its natural cycle and complications may arise later. The culture of these women leads them to believe that, if there is no proper care for the body in the puerperium, there will be no quality of life, since diseases will appear that they will correlate to the neglected puerperium, that is, to inadequate rest, consequently leading to its "interruption". In a study¹⁸ carried out with quilombola women in a city of the state of Paraná, it was observed that the midwives instructed the women to remain in bed for three days with the justification that women could not "be exposed to cold wind", as it could lead to complications and death.

Regarding the practice of not washing the hair, it still remains for the women in Muquém, which shows us that this practice, during the postpartum period, is a habit that they believe to be beneficial and that is perpetuated in the community to date, showing that the transmission of beliefs and values characterizes the function of culturally belonging to that place.

In Miranda's study¹⁸, hair washing for the women surveyed is still preserved since, according to their beliefs, washing their hair in the first postpartum days can lead to mental disorders, headache and bleeding. One of the women in the study who washed her hair before 40 days, the end of the rest period for them, reported headache and related it to washing her hair, because in the previous rests she preserved this habit and did not present any comorbidity. They also mentioned the habit of taking at least two baths a day, not mentioning the restriction for washing the head or not. For them, hygiene was a form of healthy habit and improved quality of life.

During the postpartum period, another care measure often mentioned by the quilombola women was related to diet. Thus, depending on the group, diet involves different beliefs, practices and meanings, which are standardized by the local culture. For the women in the quilombola community of Muquém, food is not only a form of nutrition, but it also has values that are linked to health care¹⁸.

According to a study carried out with riparian communities, food habits have a series of restrictions (taboos), partly from cultural miscegenation, that is, coming from indigenous and black cultures and from Portuguese settlers. Thus,

women are subjected to influences regarding dietary restrictions in this period, as they consider that some foods hinder the process of health recovery¹⁹. The quilombola women's conceptions about "heavy" food are shown as a singularity in the way of caring, which is surrounded by beliefs, values and practices, which are true and correct forms of care. Thus, these women's way of life and perceptiveness is directly related to their local cultural context. From the perspective of the theorist Leininger, it is observed that food has cultural values that are linked to health care since, for quilombola women, food can be considered healthy or harmful, and the practice of diet is a similarity among the women of Muquém, while seeking to reproduce the particularities of their cultural values and ways of life, preserving their identity and supporting local cultural care¹².

FINAL CONSIDERATIONS

The care practices developed by quilombola women in the postpartum period are characterized by being influenced by the beliefs, values and ways of life that were passed on, orally, by other women who had already experienced this period. Thus, the care practices performed in the puerperium by the women from Muquém intend to guarantee health for the rest of their lives, since they believe that, if the "mother of the body" is well, the entire female organism will return to her pre-gestational state without complications.

Therefore, it is ultimately important that the health professionals who assist the puerperal women know their way of life, their beliefs and their values, so that they provide culturally congruent care, as the puerperium goes beyond the physiological dimension, covering the sociocultural dimension, being influenced, especially, by kinship factors.

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