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EM DEBATE

REVIEW

Practices and beliefs in childcare relationships in quilombola territories: An integrative review

Práticas e crenças nas relações de cuidado da criança em territórios quilombolas: revisão integrativa

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ABSTRACT Brazilian quilombola communities are predominantly located in remote and poor regions. These communities' territorial and sociocultural realities shape parenting practices that influence child development. This research aimed to analyze the scientific production on practices and beliefs related to caring for children under six in Brazilian quilombola communities. This integrative review was conducted in six databases from November to December 2023. We identified 501 studies, of which 22 comprise this review. The studies focus on 2020 and 2021 and were primarily conducted in the Northeast with a qualitative approach. The findings were organized into three themes: 'interactions and quilombola identity', 'healthcare and disease care', and 'dietary practices and associated problems'. There is an appreciation of children's freedom and relationship with the territory and the community, with intentions of belonging to the quilombola. Although human milk is valued, it is considered insufficient, which leads to the early introduction of other foods. The relationship with health services is weak, prevailing in situations of illness. Popular knowledge is widely used in childcare. Culturally congruent care is indicated.

KEYWORDS Quilombola communities. Infant. Child, preschool. Parents. Review.

RESUMO *As comunidades quilombolas no Brasil estão localizadas, predominantemente, em regiões remotas e pobres. As realidades territoriais e socioculturais dessas comunidades moldam práticas parentais com influências no desenvolvimento infantil. Esta pesquisa teve como objetivo analisar a produção científica sobre as práticas e crenças relacionadas ao cuidado de crianças menores de seis anos em comunidades quilombolas no Brasil. Trata-se de revisão integrativa realizada em seis bases de dados, com buscas conduzidas entre novembro e dezembro de 2023. Foram identificadas 501 produções, das quais, 22 integram esta revisão. Os estudos concentram-se nos anos de 2020 e 2021, majoritariamente desenvolvidos no Nordeste do País e com abordagem qualitativa. Os achados foram organizados em três temas: 'interações e identidade quilombola'; 'cuidados à saúde e aos agravos'; e 'práticas alimentares e problemas associados'. Há valorização da liberdade da criança e da sua relação com o território e a comunidade, com intenções de pertencimento quilombola. Embora o leite humano seja valorizado, é considerado insuficiente, o que leva à introdução precoce de outros alimentos. A relação com os serviços de saúde é frágil, prevalecendo em situações de adoecimento. Os saberes populares são amplamente utilizados no cuidado infantil. O cuidado culturalmente congruente está indicado.*

PALAVRAS-CHAVE *Quilombolas. Lactente. Pré-escolar. Pais. Revisão.*

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Introduction

Brazil has a robust legal framework for protecting children committed to their comprehensive development[1–4], especially in the first six years of life[2]. In this context, one focus is strengthening parental, family, and community network functions to ensure essential care and reciprocal, affectionate, and positive interactions[2,3] and realize children's fundamental rights.

Territorial and sociocultural realities influence parenting practices and stem from social norms, values, and beliefs learned and in force in life and existence. The Brazilian quilombola territories are remnants of the ancient quilombos and represent a political-social dimension of the struggle for land and racial issues[5–7]. They are concentrated in remote and poor regions of the country and marked by historical discrimination and exclusion[8] and a sense of belonging[6]. In the last census, 494 quilombola territories were identified and distributed across 24 Brazilian states and the Federal District[8], with different ways of being quilombola.

Childcare and parenting in quilombola territories have their particularities. They are intertwined with the symbolic and ethnic relationships established since ancestors[9], combined with local particularities. Thus, for professionals, supporting parenting in quilombola territories involves recognizing and respecting the relationship between territory, culture, and traditions.

It is urgent to monitor and promote child development in quilombola communities. Parenting practices are circumscribed to them. Furthermore, they are imperative indicators for public policies, and guiding documents and professional practices toward human rights, ethnic-racial-cultural diversity, comprehensiveness, and equity. This study aimed to analyze the scientific production on practices and beliefs related to caring for children under six in Brazilian quilombola communities.

Material and methods

This five-stage integrative review followed the methods proposed by Whittemore and Knafl[10]. The stages were specification of the purpose of the review and definition of the research problem (guiding question), literature search, data extraction and evaluation, data analysis, and presentation of results (integrative synthesis). Among the different types of reviews, the integrative review allows approaching and combining studies with different methods, expanding the scope of evidence-based practice[10]. The PCC (Population, Concept, and Context) strategy was adopted to develop the guiding question, as detailed in *box 1*.

Box 1. Description of the PCC strategy employed to develop the guiding question

PCC strategy	
P (population)	Quilombola children under 6 years old
C (concept)	Values, practices and beliefs in caring relationships (family relationships and parental relationships)
C (context)	Quilombola communities in Brazil

Source: Prepared by the authors.

The guiding question of this review was, 'What are the values, beliefs, and practices in the relationships of care for young children in Brazilian quilombola communities?'. The inclusion/exclusion criteria and the search strategies were defined from this question. The inclusion criteria adopted were 1) Studies that addressed values, beliefs, and practices in care relationships; 2) Children under six years of age as the target audience; and 3) Studies conducted in Brazilian quilombola communities. The exclusion criterion was the unavailability of the studies in full.

The following databases were selected for the research: LILACS (Latin American and Caribbean Health Sciences Literature), SciELO (Scientific Electronic Library Online), Embase (Elsevier), Web of Science, Scopus, and BDTD (Brazilian Digital Library of Theses and Dissertations). Databases were accessed through the Capes Periodical Portal via CAFe.

Database search was conducted on three different dates for testing purposes, comparison of the number of studies found, and refining the search strategy. Two preliminary search sessions were conducted in November (3rd and 22nd), and the final search was conducted on December 6, 2023. The search field filter (title, abstract, and subject) was applied in the databases, and the languages were limited to Portuguese, English, and Spanish. No other criteria and/or filters were applied due to restricting the scope of materials and because this is an integrative review. The search strategy adopted was ("*criança*" OR "*infância*") AND ("*quilombola*" OR "*quilombo*" OR "*mocambo*"). Details are shown in *table 1*.

Table 1. Details of search strategies by database and number of studies found

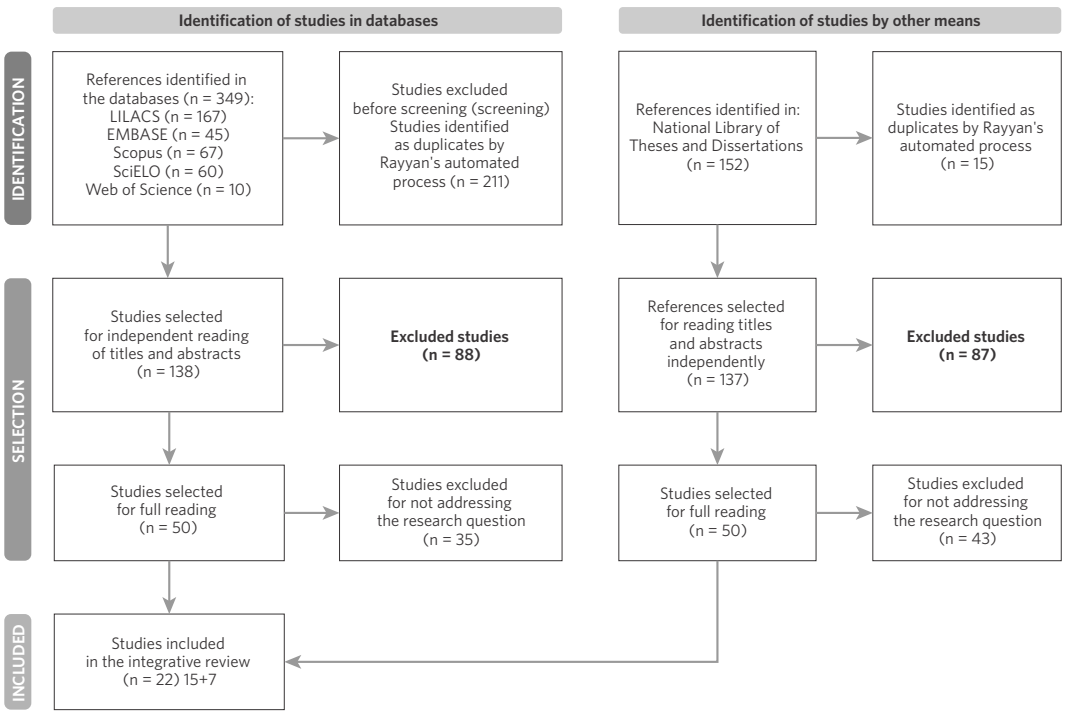
Search strategy (Portuguese, English, and Spanish string words)	Database	Result
(*criança* OR *infância*) AND (quilombola OR quilombo OR mocambo)	LILACS	56
(child OR childhood) AND (quilombola OR quilombo OR mocambo)	LILACS	59
(*niño* OR *niñez*) AND (quilombola OR quilombo OR mocambo)	LILACS	52
(*criança* OR *infância*) AND (quilombola OR quilombo OR mocambo)	SciELO	17
(child OR childhood) AND (quilombola OR quilombo OR mocambo)	SciELO	24
(*niño* OR *niñez*) AND (quilombola OR quilombo OR mocambo)	SciELO	0
(child OR childhood) AND (quilombola OR quilombo OR mocambo)	Embase	45
(child OR childhood) AND (quilombola OR quilombo OR mocambo)	Web of Science	10
(child OR childhood) AND (quilombola OR quilombo OR mocambo)	Scopus	67
(*criança* OR *infância*) AND (quilombola OR quilombo OR mocambo)	National Database of Theses and Dissertations	152

Source: Prepared by the authors.

We retrieved 501 studies in the databases, which were imported into the Rayyan® free web version. Duplicates (n=226) were identified and removed, leaving a total of 275 studies for screening. The initial screening of the 275 studies was performed by reading the title and abstract. It was conducted blindly by four independent reviewers, with disagreements resolved by a fifth reviewer in a consensus meeting. At this stage, 175 studies that did not meet the inclusion criteria were excluded, leaving 100 studies sent for full-text reading, conducted independently by the reviewers, and discussed in a team meeting, consolidating the second screening stage.

Seventy-eight of the 100 studies were excluded because they did not meet the inclusion criteria. Thus, 22 studies were included in this review's final sample. The screening and selection process of the studies is shown in *figure 1* (PRISMA Flowchart), adapted for the integrative review[11].

Figure 1. PRISMA Flowchart



Source: Prepared by the authors based on Page et al.[11].

Data from the selected articles were extracted using a standardized instrument developed by the authors, containing the following information: author credentials, publication year, geographic region and quilombola community where the study was developed, problem/question or objectives, participants, theoretical and methodological framework, main results (complete transcription of the excerpts related to the object of this review), and implications (text prepared by the researcher related to the developments of the study for the research question established for the review). This information allowed for the detailed characterization of the studies and is presented in *boxes 2 and 3*.

The texts related to the results of the studies and their implications formed a corpus that was read and re-read to identify firstly the themes contained therein. The corpus was re-read with the themes and the research question under consideration. Codes were established through analytical processes to capture the semantic and conceptual content contained therein and subsequently grouped into categories representing the lifestyles, practices, and parental values in interactions with quilombola children under six. The result is presented in the format of an integrative thematic summary.

Result

Box 2. Information on studies selected for the integrative review published from 2007 to 2019

Authors/Year	Location	Objective	Participants	Methods
Rabinovich; Bastos, 2007[12]	Carmo, São Paulo, Brazil community.	To detect the action of governmental and non-governmental social projects based on families and their action in the life trajectories of their members.	3 families with children of different ages.	Ethnographic case study.
Leite et al., 2013[13]	Quilombola communities of Alagoas, Brazil.	To assess the food consumption and nutritional status of children from quilombola communities in Alagoas.	670 children between 12 and 60 months.	Cross-sectional study.
Morais, 2013[14]	Monte Recôncavo de São Francisco do Conde, Bahia, Brazil community.	To analyze healthcare provided by mothers at home to children aged 0 to 1 year in the quilombola community of Monte Recôncavo in São Francisco do Conde-BA, from the perspective of Leininger's Transcultural Care Theory.	11 mothers of children aged between 0 and 1 year old.	Qualitative anthropology-based research.
Marques et al., 2014[15]	Buriti do Meio, Minas Gerais, Brazil community.	To evaluate the attributes of primary care focusing on child health per the perception of a quilombola community in the North of Minas Gerais.	76 families with children from zero to five years old.	Quantitative research.
Martins, 2014[16]	Vila Monte Alegre, Bahia, Brazil community.	To understand the care provided to newborns in a quilombola community and the intergenerational influences on this care.	7 mothers, 1 great-grandmother midwife, 3 grandmothers, and 4 caregivers and family members of children up to 2 years old.	Qualitative research.
Paula, 2014[17]	Morro do Fortunato e Aldeia, Santa Catarina, Brazil community.	To understand and analyze the place that children occupy, what their practices and experiences are like, and what they express about the educational relationships established in the institutionalized space of education and the space of their dwelling quilombola community.	7 children aged 4 to 6 years old.	Ethnographic research.
Ferreira; Torres, 2015[18]	Bom Despacho, Alagoas, Brazil community.	To characterize the nutritional and health situation of women and children in a community before and after its certification as quilombo remnants.	215 women and 261 children	Observational analytical study.
Melo, 2016[19]	Muquém, Alagoas, Brazil community.	To analyze the knowledge and care practices of the family in the healthcare of quilombola children under 2 in light of Leininger's Transcultural Care Theory.	13 mothers, 02 grandmothers and 01 aunt caring for children under 2 years old.	Pesquisa de abordagem qualitativa.
Siqueira; Jesus; Camargo, 2016[20]	Praia Grande, Bahia, Brazil community.	To understand the therapeutic itinerary of quilombola children in urgent/emergency situations.	10 children aged 0 to 11 years.	Qualitative research.
Oliveira et al., 2018[21]	Quilombola communities (Praia Grande, Bananeira, Martelo, Ponta Grossa e Porto dos Cavalos), Bahia, Brazil.	To understand the meanings of the growth and development monitoring appointments from the perspective of quilombola mothers.	26 mothers of children under one year of age.	Qualitative research.
Oliveira et al., 2019[22]	Quilombola communities (Praia Grande, Bananeira, Martelo, Ponta Grossa e Porto dos Cavalos), Bahia, Brasil.	To understand the factors that interfere with the attendance of quilombola children at growth and development monitoring appointments.	14 mothers of children under one year of age.	Qualitative research.

Source: Prepared by the authors.

Box 3. Information from studies selected for the integrative review published from 2020 to 2023

Authors/Year	Location	Objective	Participants	Methods
Araújo, 2020[23]	Quilombola communities, Alagoas, Brazil.	To investigate indicators/prevalence of exclusive breastfeeding and whether common mental disorders promote its early interruption.	252 mother/child binomials.	Cross-sectional study.
Perez, 2020[24]	Cafuringa, Rio de Janeiro, Brazil community.	To understand the relationships that children and young people from Cafuringa establish with the territory, its uses and appropriations, and ways of subjectivation before environmental conflicts experienced in the community.	30 children and young people, aged between 2 and 24 years old.	Intervention research.
Martins et al., 2020[25]	Quilombola communities, Bahia, Brazil.	To identify the factors that interfere with exclusive breastfeeding practices in quilombola communities.	24 mothers of children with children aged 0 to 2 years.	Qualitative research.
Siqueira, 2020[26]	Praia Grande, Bahia, Brazil community.	To conduct action research on prevention and home management of ADD in children from a quilombola community.	64 guardians of children up to 5 years of age of both sexes.	Action research.
Lima, 2021[27]	Communities in the municipalities of Goiás, Brazil.	To assess vaccination coverage under the national vaccination calendar for children in their first year of life, their distribution in space and trends over time, for settled, quilombola and riverside children in the state of Goiás born from 2010 to 2017.	616 children born from 2010 to 2017.	Epidemiological, retrospective cohort study, followed by an analytical ecological time series study.
Silv*a* et al., 2021[28]	Community in the North of Goiás state, Brazil.	To identify sociocultural and intergenerational aspects in perceptions and practices regarding infant feeding among quilombola women.	16 mothers of children under 5 years old.	Qualitative research.
Castro, 2021[29]	Colônia do Paiol, Minas Gerais, Brazil community.	To identify and understand how care and education practices based on ancestry and transmitted orally reflect on the experiences of children and babies in the community.	Parents, grandparents and/or caregivers of babies and children.	Ethnographic qualitative research.
Gocks, 2021[30]	Algodão, Rio Grande do Sul, Brazil community.	To familiarize with the spaces (places) where quilombola children usually play; and, in the school space and in the family environment, what are their favorite games.	Parents of children aged 4 to 6	Qualitative research.
Vasconcelos, 2022[31]	Córregos dos Iús, Ceará, Brazil community.	To assess the food consumption and nutritional status of children under two years of age from the Quilombola Remnants Community of Córregos dos Iús, Acaraú, Ceará, Brazil.	Children from five months of age.	Qualitative research.
Lima et al., 2023[32]	Quilombola communities, Goiás, Brazil.	To estimate the vaccination coverage of children living in Quilombola communities and rural settlements in the central region of Brazil during the first year of life and analyze the factors associated with incomplete vaccination.	133 children.	Analytical cross-sectional study.
Souza et al., 2023[33]	Santa Rita de Barreira, Pará, Brazil community.	To analyze, from the caregivers' perspective, the health care practices provided to quilombola children.	18 caregivers for children aged 0 to 5 years.	Qualitative research.

Source: Prepared by the authors.

The final sample of this integrative review consisted of 22 studies published between 2007 and 2023, focusing mainly on 2020 and 2021 (n=4 in each year). Regarding the location of the communities analyzed in the studies, three were from the Midwest (communities in Goiás), twelve were from the Northeast (communities in Alagoas – Bom Despacho, Muquém; Bahia – Monte Recôncavo, Vila Monte Alegre, Praia Grande, Bananeira, Martelo, Ponta Grossa, Porto dos Cavalos; Ceará – Córregos dos Iús), one from the North (Santa Rita de Barreira community, in Pará), four from the Southeast (São Paulo – Quilombo

do Carmo; Minas Gerais – Buriti do Meio, Colônia do Paiol; Rio de Janeiro – Cafuringa), and three from the South (Santa Catarina – Morro do Fortunato and Quilombo Aldeia; and Rio Grande do Sul – Algodão Community).

Regarding theoretical and methodological frameworks, most studies (n=17) adopted a qualitative approach, including three ethnographies and two studies with participatory designs.

The study findings' integration identified three thematic categories representing the practices, beliefs, and values in the parental and community care relationship aimed at children under six: 'interactions and quilombola identity', 'healthcare and disease care', and 'dietary practices and associated problems'.

Interactions and quilombola identity

Quilombola women share a sense of shared responsibility for children and their care[12,14,19], and the principal caregivers were mothers and grandmothers[12,15,19]. The care provided involves the transmission of habits and knowledge specific to the quilombola community to promote cultural belonging in children[12,17,29]. The feeling of belonging has repercussions and is evidenced in the tendency of these children to disseminate their traditions in interactions with non-quilombola peers[17].

Aligned with the above, play is valued and encouraged as it fosters an appreciation of community values and because of the benefits it brings to children's development and autonomy[24,30]. A study conducted in a quilombola community in Rio de Janeiro highlighted that ties with the territory are built from childhood, primarily through collective outdoor play[24]. These activities value the natural environment and include creating toys by the children themselves[24]. Moreover, the study revealed that sharing stories with traditional characters from Brazilian popular culture is common in these interactions.

Caring for quilombola children broadly incorporates popular knowledge, such as using herbs and oils, songs, beliefs, and prayers[14,16]. Examples include using teas and songs for a peaceful sleep[16], prayers, blessings, and rituals in caring for newborns[16,29]. Specifically aimed at the umbilical stump is using oils mixed with pepper due to its healing properties[16], and the ritual of burying the stump in the Quilombo to guarantee the return and connection with the territory[29].

Healthcare and disease care

Protection against infections and diseases is the focus of attention. It is promoted through teas[16,19,20,33] and by reinforcing footwear and warm clothing[17]. When faced with illness, it is common to resort to religion, home remedies, syrups, baths (especially with leaves), teas, and massages[20,26]. For example, homemade serum and herbal remedies are described in cases of diarrhea and childhood dehydration[26].

They seek health services to monitor child development[21,22], but mainly in the face of serious illnesses[19,21,22], such as dehydration resulting from diarrhea and vomiting[21]. However, relationships with services are described negatively, with long waits and delays in scheduling and care[22], added to health professionals' insufficient time dedicated to appointments, their attitude during care[22], and the lack of clarity in the therapeutic or medication guidelines provided[21].

Dietary practices and associated problems

Breastfeeding is an intergenerational value and custom among quilombola women, associated with satisfaction and contribution to the child's health and growth[29]. However, this practice is intersected by the belief that human milk is insufficient[16,19,25]. This belief leads to the early introduction (around four months of age) of flour and other foods, which interferes with the duration of exclusive breastfeeding[14,25,29]. Thus, based on the same belief, another quilombola mother may breastfeed her child[16,25].

Generations preceding parents reinforce the importance of children "eating what gives them blood"[29](1), recommending breastfeeding while relativizing its sufficiency. Thus, rice and bean broths, soups, vegetables, fruits, and foods consumed by other people in the house are introduced[19,29], while preserving the use of baby food made with milk and added Arrozina®, Cremogema®, or Mucilon®[19].

Another belief identified is insufficient milk production on the first day after birth, meaning that breastfeeding begins the day after the child is born, and teas are offered as a replacement for colostrum immediately after birth[28]. There is also a belief that breastfeeding in the dark contributes to the milk's quality, as light weakens it[25].

Studies[16,18,19,25,28,29,31] have widely indicated that supplements should be introduced, but human milk provision persists beyond the child's first six months of life[19]. A study in a quilombola community in the north of the state of Goiás revealed that early weaning (before the child is two years old) is influenced by the eruption of teeth and a new pregnancy of the mother, which can occur 40 days after birth[28]. Grandmothers mention aesthetic concerns about their breasts as a reason for early weaning[28].

The first foods offered to children reflect the family's eating habits, such as pumpkin, beans (especially broth), potatoes, soup, cassava, and couscous[29]. Some foods like fatty meats and beans are considered 'heavy' and not recommended for younger children[29].

A study in Alagoas revealed that children eat, on average, four meals a day, with little variety of food groups and a predominance of cereals (39.3%), meats (13.7%), and milk and dairy products (12.7%). The consumption of fruits (5.4%), vegetables (0.8%), and greens (0.5%) is low, resulting in insufficient intake of zinc, vitamins A and C, folate, and iron[13]. The incidence of anemia in the community studied was 48%[13].

Another study in Alagoas, before and after the community's certification as a quilombo remnant, showed a preserved prevalence of overweight in children (9.4%), an increase in vitamin A supplementation and exclusive breastfeeding until six months, and a declining prevalence of anemia of 51.9%[18].

Overweight-related deviations were identified in a quilombola community in Ceará, where 44.4% of children under two were overweight for their age, and 11.1% were overweight[31]. Dark green vegetables were absent, and ultra-processed foods were consumed frequently (83%) among children aged six to 23 months, emphasizing instant noodles, sweetened drinks, and stuffed cookies[31].

Previous generations, especially grandmothers, strongly influence child nutrition. They are concerned with orally transmitting knowledge, practices, and experiences, an aspect valued and appreciated by mothers[29].

Nursing mothers must consume corn- and cassava-based foods[25] to increase milk production. Other recommended care for quilombola women after giving birth is drinking rue tea with burnt sugar and cachaça to cleanse the body[25], not washing the hair for 40 days, and using their milk to heal cracked nipples[29].

Discussion

This review highlights care practices structured on traditional values and beliefs to foster the child's exposure to and incorporation of these elements, contributing to forming and consolidating the quilombola identity[34].

Thus, it is known that quilombolas have a way of interacting that favors sharing. However, regarding child care, the results indicated that sharing is concentrated on women although care is understood as a collective responsibility. Women care for all children, not limited to their biological offspring[35]. This context could overload women in exercising the 'maternal' role, a core that professionals should pay attention to when supporting parenting and child care in this context.

Furthermore, the Quilombo is a dual space of women's affirmation and empowerment, but also oppression and sexism[36], with intersecting gender issues[37]. They ensure the care of the home and the health of the inhabitants, generate income, and transmit original knowledge[34,38] under the naturalization of sexism and subordination, but also under the sorority and solidary pain of female peers[39]. Although boys and girls are taught to perform domestic and territorial tasks, sexist and macho logic reverberates in the community, influencing educational processes and women's actions[35].

The feeling of belonging to the Quilombo and its causes has cultural, historical, and social representations that connect territory and existence, perpetuating the struggle and resistance. This construction is manifested in childcare actions, highlighting the promotion and permission of free and autonomous exploration of the Quilombo and its surroundings.

To this end, interactions with the territory and all its components are valued. Free play is emphasized, and children are exposed to the inhabitants' oral interventions to share traditions and stories, fostering child-territory, child-culture, and child-belonging relationships. Mothers encourage children to participate in community activities, hoping these practices will be passed on to future generations[40].

The results of this review have shown that constructing the quilombola identity is a structuring factor in child care. It occurs based on and in close relationship with the territory, seeking to fight for and guarantee the right to preserve the symbolic and ethnic relationship established by ancestors[9]. Legal recognition of the quilombola territory implies committing to the particularities of these communities, as shown in the results of one of the studies in this review[18].

Traditional knowledge, transmitted orally, especially by older women, reinforces the resistance and affirmation of quilombolas[5,6] and is found in childcare practices[40], as evidenced in the results of this study. Knowledge and traditions are circulated in the community from an early age, ensuring their functionality and survival[6]. This symbolic process begins in early childhood and already reveals manifestations, as evidenced by the behavior of quilombola children vis-à-vis non-quilombola peers[30].

Traditional practices in childcare include blessings, teas, and herbal medicines, which promote development and intervene in cases of illness[5,40]. When widely adopted in childcare, this popular knowledge is preserved intergenerationally, as revealed by the findings of this review[38].

By focusing on the relationship between quilombolas and health services, the findings of this study highlighted weaknesses. Furthermore, difficult access has been identified, primarily due to geographical issues, impacting the right to health[38,41]. However, the review data revealed dissatisfaction with care, long waiting times, and brief appointments[22], exacerbating the weaknesses in guaranteeing the right to health. Some recommendations for health teams to regularly travel to quilombos to monitor child development and support childcare are known. However, a recent study revealed that medical care only occurred once a month in improvised locations[38].

Given the above, advances in health care, its policies, and guiding documents regarding the singularities of quilombos and their population are urgently needed. Primary health care does not adjust its work processes to the particularities of quilombola territories, resulting in insufficient and disjointed reception of social determinants[33,41]. Substandard living conditions, such as low income and education, lack of services, social facilities and leisure spaces, and infrastructure and mobility issues, directly affect early childhood and children's long-term development potential. Studies that explore quilombolas' perceptions of the impact of these issues on

children's health and their care practices are recommended.

Regarding dietary practices, the review results revealed that breastfeeding management was influenced by quilombola beliefs, such as the tendency to consider human milk insufficient and requiring supplementation. These practices and outcomes do not align with national recommendations for exclusive breastfeeding up to six months of age[4,16,42] and lack support conducted under a culturally congruent approach. Professional positions guided by this perspective favor thematizing beliefs, such as interpreting the child's nighttime crying as hunger due to insufficient human milk and perceiving colostrum as 'thin', with the offer of teas and thickeners[44]. Furthermore, intending to nourish the child well, quilombolas adopt human breastfeeding until two years of age[42,43], which is a point that can be worked on by the professional to promote exclusive breastfeeding.

Transforming beliefs requires a longitudinal dialogue, which is hindered by health professionals' prescriptive relationships. Culturally sensitive care practices involve recognizing cultural diversity and a dialogue between professional and popular knowledge for a more holistic care approach[44].

Studies in quilombola communities in Maranhão/Brazil have identified a high prevalence of child malnutrition associated with environmental and income factors[45], and the results of the present study add cultural determinants. Maternal short stature was associated with child stunting, suggesting a cycle of chronic malnutrition across generations[45].

Childhood malnutrition is prevalent in the Brazilian North and Northeast, which include many quilombola territories. It is essential to develop quantitative, qualitative, and participative studies that address nutritional issues among quilombola children and generate evidence to address this problem. Early childhood feeding practices directly affect health and nutritional problems.

Given the above, we underscore that culturally and socially sensitive care practices must value context and collaborative care in the healthcare fabric, recognize social inequalities, and promote comprehensive and equitable care[46]. The Brazilian government is responsible for intervening in stalled policies, such as those promoting equity for Black people and other vulnerable groups[46].

A limitation of this study was the difficulty with specific descriptors for values, practices, and beliefs in caring relationships. Attempts to use descriptors such as 'childcare' or 'parent-child relationships' resulted in studies with a different focus than intended, and the term 'parenting practices' is not recognized as a descriptor in national and international databases. This search limiting factor may have restricted the scope of the results obtained. Another limitation is that the studies' were primarily qualitative, which favors some evidence about practices and beliefs related to childcare but does not allow for statements about outcomes and variables derived from this care, such as growth and developmental achievements.

Additionally, except for one study, the review did not find evidence from the male perspective, which suggests the need to develop research that explores this angle in addition to the community's view as a group. Furthermore, despite having identified the location of the Quilombo, when brought to the primary study, the description did not allow for statements about the plurality of ways of being quilombola and childcare practices.

Final considerations

Most of the studies in this review are from recent years and use a qualitative approach, emphasizing ethnographies. Increasing visibility and considering the quilombola childhood's particularities and the care practices that promote them is imperative. There is an

urgent need to renew the ways of caring and confront structural racism and the violation of rights in this context. The Brazilian State standardizes childhood and denies diversity, erasing cultural and social specificities.

The studies show that promoting the quilombola identity is an important guide for childcare practices. Moreover, traditional beliefs, practices, and knowledge were highlighted, outlining care related to nutrition, health promotion, and management of health problems. The relationship with health services was identified as weak and lacking support. Therefore, professional backing in this context requires a culturally sensitive and respectful stance, focusing on the rights, protection, and promotion of quilombola children without denying their struggle and resistance.

The imposing care model, which supports parenting practices, needs to be renewed in its approach under policies structured from a cultural perspective.

Collaborators

Wernet M (0000-0002-1194-3261)* and Silveira AO (0000-0003-4470-7529)* contributed to the work's elaboration, conception, and design; study data collection, analysis, and interpretation; and the manuscript's writing and critical review. Carvalho JRB (0000-0002-8504-9457)*, Costa GP (0009-0002-2528-8605)*, Meneses RRS (0009-0001-4116-4939)*, and Magalhães BC (0009-0003-7301-9474)* contributed to the study data collection, analysis and interpretation. Freitas BHBM (0000-0002-6652-593X)* contributed to the study data collection, analysis, and interpretation and the manuscript's writing and critical review. All authors have approved the version to be published and declare their agreement to be responsible for all aspects of the work, ensuring issues related to accuracy and integrity. ■

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