



Quality of the relationship of black women with those close to them and the intention to breastfeed during prenatal care

Qualidade da relação das mulheres negras com as pessoas próximas e a intenção de amamentar durante o pré-natal.

Calidad de la relación de las mujeres negras con las personas cercanas y la intención de lactancia durante el prenatal

ABSTRACT

Objectives: To analyze the relationship of Black pregnant women with close individuals and their intention to exclusively breastfeed for at least six months.

Method: Cross-sectional study conducted with 55 pregnant women in the municipality of Macaé, Rio de Janeiro. The data were analyzed using descriptive statistics and the Pearson Correlation Coefficient®. **Results:** Among the pregnant women, 31 (56.4%) classified their partner as the most important person; the mean score of the 'Quality of Relationship with Close Individuals (ARI)' scale was 98.3, indicating good quality in the relationship; 21 (38%) strongly agreed to exclusively breastfeed for up to six months. There was no correlation between the ARI scales and the intention to exclusively breastfeed ($r = 0.034$). **Final considerations:** Although the majority of black pregnant women demonstrated a good quality in their relationship, this fact was not related to the intention of the pregnant women to exclusively breastfeed for the first six months of life.

Descriptors: Breastfeeding; Prenatal care; Nursing; Social support; Health of the black population.

RESUMO

Objetivos: Analisar a relação de gestantes negras com pessoas próximas e a intenção dessas mulheres de amamentar exclusivamente por no mínimo seis meses. **Método:** Estudo transversal, realizado com 55 gestantes no município de Macaé, Rio de Janeiro. Os dados foram analisados por estatística descritiva e pelo Coeficiente de Correlação de Pearson®. **Resultados:** Das gestantes, 31 (56,4%) classificaram o companheiro como a pessoa mais importante; a média da pontuação da escala "Qualidade da relação com as pessoas próximas (ARI)" foi de 98,3, indicando uma boa qualidade na relação; 21 (38%) concordaram muito em amamentar exclusivamente até os seis meses. Não houve correlação entre as escalas ARI e a intenção de amamentar exclusivamente ($r = 0,034$).

Considerações finais: Apesar de a maioria das gestantes negras ter apresentado boa qualidade na relação, tal fato não esteve relacionado à intenção das gestantes de amamentarem exclusivamente até os seis meses de vida.

Descritores: Aleitamento materno; Cuidado pré-natal; Enfermagem; Apoio social; Saúde da população negra.

RESUMEN

Objetivos: Analizar la relación entre las mujeres negras embarazadas y las personas cercanas a ellas y la intención de estas mujeres de amamentar exclusivamente durante al menos 6 meses. **Método:** Estudio transversal de 55 gestantes del Municipio de Macaé, Rio de Janeiro. Los datos fueron analizados por medio de estadística descriptiva y Coeficiente de Correlación de Pearson®.

Resultados: 31 (56,4%) de las gestantes clasificaron a su pareja como la persona más importante; la puntuación media en la escala «Calidad de la relación con los próximos (ARI)» fue de 98,3, indicando una relación de buena calidad; 21 (38%) estuvieron muy de acuerdo con la lactancia materna exclusiva hasta 6 meses. No hubo correlación entre las escalas ARI y la intención de lactancia materna exclusiva ($r = 0,034$). **Consideraciones finales:** Aunque la mayoría de las embarazadas negras tenían una relación de buena calidad, ésta no estaba relacionada con su intención de lactancia materna exclusiva hasta los seis meses.

Descritores: Lactancia materna; Atención prenatal; Enfermería; Apoyo social; Salud de la población negra.

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INTRODUCTION

Pregnancy is a period in which a woman goes through various physiological and psychological changes, which are also attributed to social and cultural determinants. The scientific literature highlights that Black women have less access to prenatal care services, in addition to having a higher chance of receiving inadequate prenatal care⁽²⁾, and consequently higher maternal mortality rates.

Many sociocultural determinants are decisive factors that influence adherence to Exclusive Breastfeeding (EBF) for newborns (NB), such as cultural barriers and structural racism, which can exacerbate early weaning⁽³⁾. Therefore, it is essential to understand the factors that may contribute to the ineffectiveness of EBF, but this will only be possible when health professionals implement the principle of equity in practice and establish actions that are specific for Black women⁽⁴⁾.

Interventions that promote support for these pregnant women become essential in care, especially for Primary Health Care (PHC) professionals, when they are familiar with the guidelines of the National Policy for Comprehensive Health of the Black Population (PNSIPN), to combat inequities and improve the quality of care.

In Brazil, the history of breastfeeding (BF) goes back to wet nurses, who were poor black women who breastfed and raised the children of rich white women during the colonization period⁽⁵⁾. Over time, black women's movements have gained space so that they could be welcomed in their specificities. In addition, the country is beginning to celebrate Black Breastfeeding Week, a movement that emerged in the United States with the aim of understanding that disparities in BF need to be

considered, given that many of these women are socially vulnerable and without support⁽⁶⁾. In 2020, during the pandemic, Brazil began celebrating "Black Breastfeeding Support Week" (SAAN), inspired by "Black Breastfeeding Week".

It is essential that health professionals can provide humane and qualified care and assistance, without any type of discrimination or prejudice⁽⁷⁾. It is known that racial and social discrimination negatively affects the health of black women when they seek care in a health unit^(8,9).

A study conducted by the Ministry of Health, published in the PNSIPN in 2017, showed that there are differences in the number of prenatal consultations between races/colors. The proportion of black mothers with the minimum of six consultations, as recommended by the Ministry of Health, was 69.8%, while among white mothers this proportion was 84.9%⁽⁴⁾. For all women to be able to feed their babies with breast milk, they must not be victims of structural violence such as racism, sexism and classism, which end black lives long before they reach the mother's breast.

Another study indicates that mothers who self-reported as black or brown had unfavorable sociodemographic characteristics when compared to those with white skin color, specifically in relation to education and the presence of a partner⁽¹⁰⁾.

The performance of social support networks, made up of actors close to the woman, that is, sources of primary support that provide her with support, can influence the choice to breastfeed; therefore they must be considered as determinants for adhering to and maintaining breastfeeding⁽¹¹⁾.

After the above, the present study aims to analyze the relationship of bla-

ck pregnant women with people close to them and the intention of these women to breastfeed exclusively for at least six months - and is justified by the important relationship between social determinants and prenatal care, as black and brown women have less access to the support network in specialized breastfeeding services.

METHODS

The study is part of a multicenter project called 'Exclusive breastfeeding: sociocultural determinants in Brazil', coordinated by the Anna Nery Nursing School at the Federal University of Rio de Janeiro (ANNS-UFRJ), which is itself part of an international research project on breastfeeding in the Americas called 'Exclusive breastfeeding: sociocultural determinants in Latin America'.

This is a descriptive, cross-sectional, analytical study conducted with a non-probabilistic sample of 134 pregnant women at usual risk, including 49 from Rio de Janeiro, 27 from Niterói, and 58 from Macaé. Thus, it presents data from 55 self-reported black pregnant women who underwent prenatal care at a unit of the Family Health Strategy (FHS) located in the Lagomar neighborhood of Macaé, Rio de Janeiro, from March 2019 to February 2020. The choice of the unit was based on the maternal-child epidemiological profile, health service, and interaction with the University.

The inclusion criteria for the sample were: being a self-declared black (black or brown) pregnant woman aged between 30 and 37 weeks, of usual and/or intermediate risk (registered in the medical record and/or in the pregnancy card), Brazilian, and aged 18 years or older. Those with a history of psychiatric disorders, neurolo-

gical problems, and hearing impairment were excluded, as the researchers are not fluent in Brazilian Sign Language (Libras).

For data collection, a sociodemographic data sheet was used along with two scales validated in Brazil: 'Quality of the Relationship with Close People' (ARI), with 32 items, and 'Intention to Breastfeed' (IFI)⁽¹³⁾, with five items. The scales were translated and culturally adapted for Brazil. In the Brazilian version, the scale 'Quality of the Relationship with Close People' has two domains: Support/Positive Care, represented by items 1, 3, 4, 5, 7, 9, 11, 13, 15, 16, 17, 19, 21, 23, 24, 25, 28, 29, 30, and 31; and Domain/Control, represented by items 2, 6, 8, 10, 12, 14, 18, 20, 22, 26, 27, and 32. The cumulative score can vary from zero to 128, with a higher score indicating a more positive perception of the relationship with the pregnant woman⁽¹⁴⁾.

The "Breastfeeding Intention" scale, consisting of five items, measures in a simple, quantitative, and reliable way the maternal intention to initiate and continue exclusive breastfeeding for up to one, three, or six months or to use formula. Response options are based on a five-choice Likert scale, scored individually from zero to 4, the total of which is calculated by dividing the first two items by 2 and then adding items 3 to 5. The score thus ranges from zero to 16, with zero representing a very strong intention not to breastfeed and 16 representing a very strong intention to provide breast milk as the sole source of nutrition until six months of age^(13,15).

In this research, the criteria of the Brazilian Institute of Geography and Statistics (IBGE) was considered to define race/color, which currently consists of the following colors/races/ethnicities: white, black, brown, indigenous, and yellow, with

the latter identified by peoples of Asian descent. It is important to emphasize that for this study, self-declared black and brown women are classified as 'black'. The sociodemographic factors of the women were considered with variables defined by aspects concerning age, income, education level, professional status, and whether or not they have health insurance.

To begin the data collection, contact was made with the coordinator of the health unit to obtain the dates and times of the unit's schedule for attending pregnant women, as the approach occurred concurrently with their attendance for care. An invitation to participate in the study was extended to those who met the inclusion criteria of the research, either before or after the medical and/or nursing consultation.

The pregnant women who agreed to participate in the study were individually taken to a room made available by the health unit, with the purpose of preserving privacy, at which point they were given a detailed explanation of the research and its objectives, as well as the request, after expressing their agreement, to sign the Informed Consent Form (ICF) for subsequent data collection of the research.

The study was approved by the Research Ethics Committee of the Anna Nery School of Nursing at the Federal University of Rio de Janeiro, CAAE: 80711517.8.1001.5238 and Opinion number 2.630.264, according to the recommendations of Resolution 466/2012 of the National Health Council.

The collected data was organized

into a matrix spreadsheet by the multi-center study, directly in the Statistical Package for the Social Sciences (SPSS), version 23.0, with double data entry and verification. Descriptive analyses of central tendency (mean), variability (standard deviation), according to each variable (categorical or continuous), and percentage calculations were performed. The Pearson Correlation Coefficient was also calculated(r)⁽¹⁶⁾.

RESULTS

The ages of the 55 pregnant women in the municipality of Macaé, Rio de Janeiro, who self-identified as black women ranged from 18 to 39 years, with a mean of 25.47 years. Most lived with a partner (45; 81.8%); 16 (29%) said they had completed elementary school and 17 (31%) had incomplete high school; 39 (70.9%) mentioned having sufficient income for basic needs and only 16 (29.1%) worked outside the home. Regarding health insurance, 52 (94.5%) of the interviewees reported not having it.

As for the most important close person, according to the ARI questionnaire, the majority (31; 56.4%) mentioned "partner or husband" as the most important adult in their lives at that moment, while 21 (38.2%) declared another family member, identified as mother (16), sister (3), mother-in-law (1), and sister-in-law (1). And three (5.5%) mentioned another person who is not a family member.

Table 1 presents the response items related to the ARI scale, consisting of 32 items, concerning the support from close individuals mentioned by the pregnant women in the study.

Table 1 – Responses of pregnant women regarding the ARI scale, Macaé/RJ, Brazil, 2021 (n=55)

Scale items	No/never (%)	A little (%)	Sometimes (%) (%)	Very (%)	Very often/ Always (%)
1. He talks about his problems with me	5	7	25	18	44
2. He is always trying to change me	45	18	15	5	16
3. He respects my opinions	-	9	33	13	45
4. He acts as if I bother him	87	7	4	-	2
5. He is there when I need him	2	4	7	7	80
6. He doesn't take no for an answer when he needs something	62	9	18	2	9
7. He tries to understand my point of view	2	5	40	13	40
8. He gives me all the freedom I want	2	16	16	16	49
9. He is always thinking of things to please me	-	9	29	16	45
10. He argues, without caring about what I want to say	55	13	24	2	7
11. He encourages me to follow my own interests	5	5	15	20	55
12. He laughs of me/ mocks me	62	7	15	9	7
13. He is very willing to help me when I need it	-	2	4	16	78
14. He wants to have the last word on how we spend our money	65	13	11	2	9
15. He thinks I am worth listening to me	4	4	20	29	44
16. He allows me to change my mind	5	4	27	27	36
17. He spends a lot of time with me	5	7	24	13	51
18. He wants to control everything I do	65	11	20	-	4
19. He is happy to support my decisions	4	7	22	20	47
20. He says I am a problem for him/her	85	-	7	2	5
21. He tries his best to make things easy for me	2	-	20	20	58
22. He expects me to do everything his way	49	11	29	-	11
23. He makes me feel like I can tell him whatever I want	5	5	20	24	45
24. He thinks it's okay to disagree with him/her	5	15	33	18	29
25. He asks me to share the things I like with him/her	9	4	15	20	53
26. He always finds fault with me	45	13	27	2	13
27. He considers my point of view	4	5	36	15	40
28. He doesn't think about me	65	5	5	5	18
29. He tries to comfort me when things aren't going well	4	4	7	15	71
30. He acts like he doesn't know me when he's upset	62	7	22	-	9
31. He wants me to tell him when something is bothering me	7	4	11	18	60
32. He lets me do whatever I want to do	7	11	42	9	31

Source: Research database (Brazilian version).

In the distribution of ARI scores in the Support/Positive Attitude dimension, the mean values for this dimension were 60.7 points, with a standard deviation of 13.35. For the Mastery/Control dimension, the mean was 37.6, with a standard deviation of 7.69. In the total ARI score, the mean points were 98.3, with a standard deviation of 18.67.

In Table 2, the values of the IFI scale are described. The pregnant women reported strongly agreeing (49; 89%) with 'having plans to at least try breastfeeding', and 21 (38%) said, 'Until the baby is six months old, I will exclusively breastfeed, without using any other supplementary food'.

Table 2 – Breastfeeding Intention Scale (IFI) of black pregnant women, Macaé/RJ, Brazil, 2021

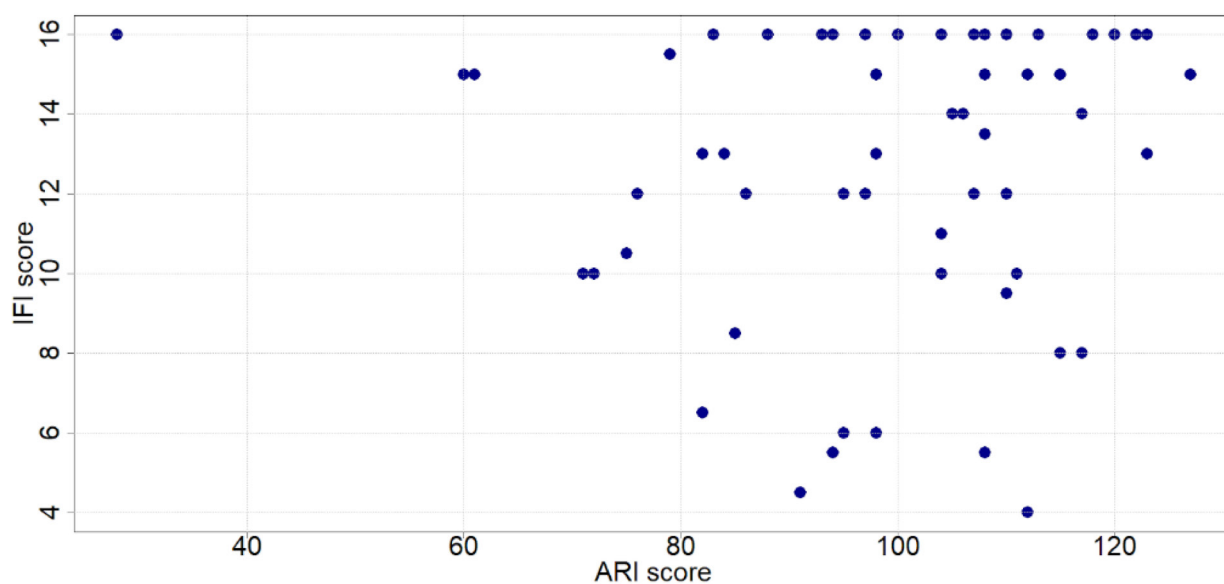
Items	Strongly agree (%)	Slightly agree (%)	Neither agree nor disagree (%)	Slightly disagree (%)	Strongly disagree (%)
1. I plan to only feed my baby with formula (I will not breastfeed)	4	5	9	11	71
2. I plan to at least try breastfeeding.	89	4	2	4	2
3. Until my baby is one month old, I will breastfeed him only at the breast, without using any other complementary food	84	4	2	11	0
4. Until my baby is three months old, I will breastfeed him only at the breast, without using any other complementary food	60	13	4	16	7
5. Until my baby is six months old, I will breastfeed him only at the breast, without using any other complementary food.	38	18	4	20	20

Source: Research database (Brazilian version).

In the analysis using the Pearson Correlation Coefficient method (r), it was identified that there is no correlation between the

ARI and IFI scales, with a Pearson value of $r = 0.034$ (Figure 1).

Figure 1 – Association of the ARI and IFI scales of black pregnant women from Macaé, from 2019 to 2020, RJ, Brazil, 2021.



Source: Prepared by the authors.

DISCUSSION

Studies indicate the existence of barriers to breastfeeding reported by women from ethnic minorities that are directly related to sociodemographic and sociocultural factors as determinants for adherence to exclusive breastfeeding. The disparities in access and differences in care during preg-

nancy and delivery for Black women are racially based, due to the socioeconomic vulnerabilities of SUS users⁽⁴⁾.

In the present study, we identified a compromise in the level of education – 16 (29%) said they only completed elementary school, while 16 (29%) had incomplete high school. Data available in the Portrait of Gen-

der and Race Inequalities, conducted between 1995 and 2015, identified differences in education levels among races, showing that black women had an mean of 7.7 years of education, while the mean for white women was 9.1 years⁽¹⁸⁾. In light of these indicators, a study conducted in Londrina points out that the lack of knowledge about EBF contributes to incorrect measures and, consequently, to early weaning⁽¹⁹⁾.

Regarding family income, 70.9% of the interviewed pregnant women reported having enough income to meet the basic needs of the family. It is noteworthy that, of the 55 interviewed black pregnant women, 16 (29.1%) were engaged in work outside the home, so it is unclear whether only the partner's income would be sufficient to support the family during breastfeeding.

Although most participants said they had enough income to meet basic needs, according to the Brazilian Institute of Geography and Statistics (IBGE)⁽²⁰⁾, it was found that in Brazil, white people have the highest mean financial income, with a number almost 56% higher than black people. This datum shows the inequalities between ethnic groups in the country, especially in the wage income of the black population, showing a significant difference, which is detrimental to maintaining adequate basic living conditions.

Most women (52; 94.5%) reported not having health insurance, being users of the public network, making appointments at Basic Health Units (BHU). The data indicate that the majority of the Brazilian black population uses the SUS - 10,514 black individuals utilized some primary health care service in the last six months, while the usage by white individuals was 6,555⁽²⁰⁾.

According to this data, the units of the Family Health Strategy (FHS) are fundamental for supporting the promotion and

prevention of health issues, as they are the main entry point of the Unified Health System. In this regard, it is essential that nurses and their teams can combat inequities and structural racism when identified in the Basic Health Units (BHUs) where they carry out their activities.

Through an Active Listening Survey of the Stork Network (POARC), the level of satisfaction of users of prenatal, delivery, and postpartum services concerning health professionals was assessed. The data showed that racial discrimination, in the form of microaggressions, creates gaps in the quality of care from the perinatal period to breastfeeding⁽²²⁾.

A study conducted in Paraná, using the ARI scale, showed a larger sample of white women in the Cronbach's Alpha results regarding the Support/Positive Attitude dimension (0.87) and the Mastery/Control dimension (0.77), thus indicating a good relationship between this support and the people mentioned by the pregnant women⁽¹¹⁾. In the present study, conducted only with black pregnant women, the results in the Support/Positive Attitude and Mastery/Control dimensions were 60.7 and 37.6, respectively, also indicating a good relationship with their primary source, in which, in this case, the most important person mentioned, with 31 (56.4%), was the partner; and 21 (38.2%) mentioned other family members. It is noteworthy that, when a partner is present during labor and delivery, this can favor the woman's recovery in the puerperium and, consequently, the care for the newborn in the postpartum period⁽²³⁾.

Emotional support is considered an essential element, both for the physical and emotional health of the mother and for the special relationship that develops between the parents and their baby⁽²⁴⁾.

A study conducted in the countryside of São Paulo indicates that, since the benefits of support provided by a partner are varied, the lack of a partner, which is more frequently observed among Black and mixed-race women in this study, is seen as a negative factor for the development of pregnancy, delivery, and the postpartum period⁽¹⁰⁾.

These results demonstrate how much black women need effective support in all dimensions, during and after the gestational period. The studies discuss how the role of the FHS nurses are essential for involving the partner in prenatal consultations and also for understanding the family dynamics with tools that can assist during this period^(4,25).

In this regard, a study conducted in Ethiopia demonstrated the importance of mothers being encouraged through education and health counseling by professionals during prenatal care and the postpartum period to increase breastfeeding rates. Measures like these can significantly improve the quality of support for expectant mothers/families and become a differentiating factor in care, as the professional's welcoming attitude, social support, and the presence of the partner and family become decisive in the process of adherence to breastfeeding, whether positive or negative⁽¹¹⁾.

The items on the ARI scale demonstrate how relationships can positively or negatively influence a woman's life. Therefore, professionals need to seek to understand the sociocultural determinants in order to intervene effectively.

It is also noteworthy that, although the majority of pregnant women (45; 81.8%) stated that they lived with their partner, when asked about the closest person who was most important to them at that moment, only 31 (56.4%) answered that it was their partner. It is known that the stronger the support ne-

twork of the pregnant woman, the better the behaviors adopted with the child will be; furthermore, the relationship between partners can also positively influence the intention to breastfeed.

In this study, most pregnant women (49; 89%) mentioned agreeing strongly with having a plan to try breastfeeding, indicating a positive action regarding maternal and infant care. However, it was possible to identify that, after the child's first three months of life, there is a decline of almost 40% in the intention of pregnant women to breastfeed exclusively, as only 21 (38%) reported agreeing strongly with the statement: "Until my baby is six months old, I will breastfeed him only with breast milk, without using any other complementary food".

According to the National Study on Infant Feeding and Nutrition, the prevalence of breastfeeding among Brazilian women in infants under six months of age was 45.7⁽²⁷⁾. Although the results are not the ideal recommended by the WHO and the Ministry of Health, in this study, pregnant women (33; 60%) had a high intention to breastfeed, even though they lived in socioeconomically vulnerable neighborhoods.

According to these studies, there are gaps that need to be filled so that EBF indicators can be achieved. However, the studies found disparities in support during and after prenatal care, which point to differences in care for black women regarding breastfeeding⁽²²⁾.

In order for black pregnant women to understand the importance of breastfeeding, and for ideal BF indicators to be longer than three months, it is necessary to implement public policies that enable a greater understanding of the benefits of BF for pregnant women, with specific guidelines according to each reality⁽²⁸⁾.

It is important for black women to have a good support network during pregnancy. To encourage these women to adopt EBF, it is essential that prenatal consultations, care and guidance provided by nursing professionals are assertive, in order to contribute to the quality of life of the mother and baby. Thus, structural interventions are essential to close the gaps in social inequalities in breastfeeding⁽²⁹⁾.

Therefore, it is considered that the study was significant for the community, since sociocultural determinants are important indicators for adherence to EBF; therefore, more training is needed for health professionals and social support, which are essential for black women to breastfeed exclusively.

FINAL CONSIDERATIONS

The studies and results presented indicate that the support from relationships with close people shows good values in the Support/Attitude domain, while in the Control domain the values are low, indicating that the same people exhibit negative attitudes in their relationships with these women. On the other hand, most pregnant women had a strong intention to try breastfeeding their children, but only until the third month of life. It was observed on the scale that this intention showed a significant decline among the interviewees – there was no relationship between the ARI and IFI scales among the analyzed variables.

In this way, seeking equity in the services provided by nursing professionals in primary care becomes essential to reduce the sociocultural barriers presented throughout the study discussion. The professional needs to understand the family dynamics and encourage the companion/family to participate in prenatal consultations.

The limitations of the study were rela-

ted to the use of non-probabilistic sampling and the fact that data collection was carried out in only one health unit, making it difficult to generalize the results found, in addition to not considering variables such as parity and previous experience with breastfeeding.

It is recommended that future research adequately fill out the indicators that encompass sociocultural determinants by race/color so that the profile of pregnant women by ethnic groups, especially black women, can be better analyzed. Furthermore, it is necessary to improve the qualifications of professionals during training in order to combat inequities and institutional and structural racism in health services for greater effectiveness in the quality of care in prenatal consultations and BF.

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