

Prenatal care of black women: Inequities and inequalities in the care of pregnant women



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ABSTRACT

Introduction: The National Policy of the Black Population as a strategy to face their demands regarding injuries is a reality, but it becomes precarious when it comes to equity and accessibility. It aims to minimize inequities, vulnerabilities in the field of health and needs related to color/ethnicity. **Objective:** to discuss the challenges caused by inequities and inequalities in the care of prenatal parturients of black women, and to analyze the role of nursing in the monitoring of prenatal care of black women. **Methods:** This is an integrative literature review study, based on scientific research platforms, such as: Latin American and Caribbean Literature on Health Sciences (LILACS), Nursing Database (BDEnf), Virtual Health Library (VHL) and Scientific Electronic Library Online (SciELO). **Results and Discussion:** Many studies indicate that black women are the ones who most experience violence and structural inequalities, hindering their access to social and human rights, especially sexual reproductive rights. **Final considerations:** In this way, it is essential to strengthen the actions that aim to improve the health of black women, emphasizing integrality, the vision of a single individual, equity and ensuring accessibility in a broad way aiming at vulnerabilities.

Keywords: Prenatal care, Inequality, Black.

1 INTRODUCTION

Throughout history women were seen only as a reproductive body, who had no other needs to look out for. It was through public policies aimed at women's health that this context began to change. Much still needs to be done in relation to the health of black women, diversities and vulnerabilities such as low education, income, access to services, gender concerns, culture among other social determinants need to be taken into account when it comes to assistance to the female and black population (ASSIS, 2018).



Racial discrimination is defined as the active expression or behavior of racism and racial prejudice. The definitions of prejudice and racism are conceptions and reproductions that concern certain people or social groups placed in races predetermined by social groups. Racial discrimination is real and its representations are demonstrated through daily social practices and actions in the various sectors of society, generating situations of disadvantage and inequality among the population segments involved. It can manifest itself intentionally or not, either by insulting attributions, or even by the lack of obtaining access to public and constitutional goods, such as health, education, justice, housing, political participation, among others (CAMPOS, 2017).

The National Policy of the Black Population as a strategy to face their demands regarding injuries is a reality, but it becomes precarious when it comes to equity and accessibility. It aims to minimize inequities, vulnerabilities in the field of health and needs related to color/ethnicity. Therefore, these policies need to observe or add strategies that universally guarantee health promotion, guaranteeing their rights included in the SUS and in the policy aimed at this population.

The numerous racial and gender inequalities generate determinant barriers to the health and disease process of women, particularly black women. These barriers, often generated by institutionalized racism, prevent, or hinder the use and access of these women to health services, when compared to white women (NEVES, 2019). This study seeks to bring the challenges of inequities and inequalities in the prenatal care offered to black pregnant women, offering an analysis of what was improved from the implementation of public policies aimed at this reality with prenatal care.

The guiding question of this research is: are there divergences in the treatment between black and white women during prenatal care? The general objective of this study is to discuss the challenges caused by inequities and inequalities in the care of prenatal parturients of black women, and to analyze the role of nursing in the monitoring of prenatal care of black women.

2 METHODS

This is an integrative literature review study, based on scientific research platforms. For the literature survey, the electronic bibliographic scientific databases were consulted from March 2020 to November 2021, namely: Latin American and Caribbean Literature in Health Sciences (LILACS), Nursing Database (BDEnf), Virtual Health Library (VHL) and *Scientific Electronic Library Online* (SciELO). Keywords and combined descriptors were selected, namely: Prenatal care; Health Inequality; Social Inequity; Racism; Discrimination based on Ethnicity; Racial Prejudice; Social Inequality, Primary Care.

After this search, the following inclusion criteria were applied: articles published in full, available electronically, in Portuguese, whose analysis of the references was based on the publications of the last 07 years (from 2013 to 2020), seeking to bring what has been addressed on the theme in



recent years, reaching a result of 43 articles, only those that privileged aspects related to the prenatal care of black women, or articles that addressed the inequities and inequalities in the care of black pregnant women.

We excluded from this research studies not pertinent to the theme, duplicate articles in the databases, theses, monographs and dissertations, in the form of handouts, letters and editorials, articles in English and Spanish, the full versions of the article and articles with the year of publication prior to 2013 were not available.

After this moment of identification, the following steps were performed: analysis of the material, through exploratory reading, followed by selective reading, as a way to select the articles related to the research theme. After new selection, through the interpretative reading in full of the articles, it was possible to obtain a final sample of 06 articles to be exposed in the table, of which they responded to the objective of this study and 20 articles for discussion of what was raised in the analysis of these articles.

For data collection, a concise form was used containing questions regarding the studies analyzed, regarding the main author, title, year of publication, objective, journal, type of research design, relevant results. After this stage, the analysis of the data obtained from the selected studies was carried out, being applied the Thematic Content Analysis, which is a research technique determined by the following methodological characteristics: objectivity, systematization and inference, using as a strategy the pre-analysis, exploration of the material and treatment of the results with their interpretation.

After the rereading of the articles, the collected data were analyzed systematically through the quotation, classification and final analysis of the articles, which were organized into two tables, aiming to capture the impact of the nursing consultation in the puerperium of women with postpartum depression.

3 RESULTS AND DISCUSSION

Many studies indicate that black women are the ones who most experience violence and structural inequalities, hindering their access to social and human rights, especially sexual reproductive rights. From an epidemiological analysis, race/color constitutes a determining factor for the living and health conditions of the black population in Brazil, it is worth mentioning that black women face ethnic-racial issues in an evident way in the indicators, revealing inequalities in access to health care and services (SOUSA, 2020).

The 06 selected productions are represented in table 01 and represent the sample synthesized according to the identification of the article, title, name of the authors, objective, method and year of publication.



Table 1- Summary of the articles included in the review according to the identification of the article, title, name of the authors, objective, method and year of publication in the period from 2013 to 2020.

Authors' names	Title	Goal	Method	Year
ASSIS, Jussara Francisca de.	Intersectionality, institutional racism, and human rights: obstetric violence comprehensions	Bring the concepts of intersectionality, institutional racism and human rights to understand obstetric violence related to black women in health.	This is a qualitative study	2018
LEAL, Maria do Carmo et al.	The color of pain: racial inequities in prenatal care and childbirth in Brazil.	To evaluate inequities in prenatal care and childbirth according to race/color using the pairing method based on propensity scores	Population-based study of national scope with interview and evaluation of medical records of 23,894 women in 2011/2012	2017
OLIVEIRA, Beatriz Muccini Costa; KUBIAK, Fabiana.	Institutional racism and black women's health: an analysis of Brazilian scientific production	To raise the Brazilian scientific production regarding institutional racism and the health of black women, in addition to analyzing how the theme has been treated by researchers	Literature review using systematic review methodology	2019
THEOPHILO, Rebecca Lucena; RATTNER, Daphne; PEREIRA, Éverton Luís.	Vulnerability of black women in prenatal care and childbirth in the SUS: analysis of the research of the Active Ombudsman	To analyze differences in prenatal care and childbirth in the SUS according to race/color based on data from the Stork Network Active Ombudsman Survey in 2012	A descriptive study used the secondary database of the SUS General Ombudsman's Office	2018
DE JESUS PEREIRA, Chirlene Oliveira; FERREIRA, Silvia Lúcia.	Experiences of quilombola women with reproductive planning and assistance in the pregnancy-puerperal period.	To analyze the experiences of quilombola women with reproductive planning and the assistance received by them in the pregnancy-puerperal period, in a rural community located in the recôncavo of Bahia.	Qualitative research with semi-structured interview	2016
BATISTA, Maria Amanda Lima.	Care inequalities under the ethnic-racial approach and their repercussions on women's health.	To analyze, based on scientific evidence, whether there is a distinction in the care provided by health professionals to women under the ethnic-racial approach.	This is an integrative review	2021

Source: Own elaboration, 2021.

Table 02 brings the main results and discussion pointed out in the studies on the factors related to the prenatal care of black women and the difficulties experienced by them during pregnancy, it is observed that there are multiple factors, as related to the nursing consultation nothing was mentioned.



Table 02- Summary of the results presented in the journals published between 2013 and 2020.

Author	Results and Discussion
ASSIS, Jussara Francisca de.	This article sought to bring to light the problem experienced by black and poor women in the puerperal pregnancy period in public health services. The implicit racial bias suggestive of institutional racism and sexism weave a network of complexities that has in the space of health units a dynamic full of conflicts.
LEAL, Maria do Carmo et al.	Compared to white women, black puerperal women had a higher risk of having inadequate prenatal care (OR = 1.6; CI 95%: 1.4-1.9), lack of attachment to maternity (OR = 1.2; CI 95%: 1.1-1.4), absence of a companion (OR = 1.7; CI 95%: 1.4-2.0), pilgrimage for childbirth (OR = 1.3; 95% CI: 1.2-1.5) and less local anesthesia for episiotomy (OR = 1.5 (95% CI: 1.1-2.1). Brown-skinned puerperal women also had a higher risk of having inadequate prenatal care (OR = 1.2; CI 95%: 1.1-1.4) and absence of a companion (OR = 1.4; CI 95%: 1.3-1.6) when compared to white women.
OLIVEIRA, Beatriz Muccini Costa; KUBIAK, Fabiana.	It was evidenced that the literature on the subject remains scarce, reinforcing the need to address the theme of racism in research. The debate about racism is of fundamental importance in its fight and that the association of racial inequality with the economic condition is a reflection of the myth of racial democracy that contributes to the maintenance of institutional racism.
THEOPHILO, Rebecca Lucena; RATTNER, Daphne; PEREIRA, Éverton Luís.	Black/brown women appear in worse conditions in socioeconomic characteristics, in prenatal care and childbirth, in all the variables studied, except for aggression in childbirth and supplementary payment. This knowledge about inequities and vulnerabilities should serve as a warning to society and to the public power as a guideline for the elaboration of policies and actions aimed at reducing inequalities in health.
DE JESUS PEREIRA, Chirlene Oliveira; FERREIRA, Silvia Lúcia.	The results reveal the precarious access and lack of knowledge about reproductive planning by quilombola women, as well as the lack of knowledge and difficulties of access to the monitoring of prenatal care, difficulties in performing childbirth and postpartum care.
BATISTA, Maria Amanda Lima.	Only two articles composed the study, demonstrating the scarcity of scientific productions dedicated to the theme of ethnic-racial inequality among women. The publications corroborate the results of other authors on the logic of care inequality among women according to the color/race criterion.

Source: Own elaboration, 2021.

The black woman needs a broader and more special look due to the sum of racism, racial discrimination, gender prejudice, the fact that she is a woman, black and are more susceptible to inequities, social inequalities, cultural and social determinants that provide the triggering of pathologies and especially with regard to health as a factor that builds obstacles to accessibility (DE JESUS PEREIRA, 2016).

Leal (2017) identified in her study results that pointed out racial disparities in the process of attention to pregnancy by black women and evidencing a gradient from worse to better care among black, brown and white women. For Oliveira (2019) it is necessary that there is a greater awareness of health professionals about the racism existing within health care services, so that it becomes indispensable to think about the racial category to obtain an egalitarian health as recommended by the Unified Health System.

Racism is fueled by ideas grounded in racial and social inequality, in the understanding that a white elite is privileged. This behavior led among other situations: physical, verbal and psychological aggressions based only on the understanding that blacks belong to an inferior race. Between the racist ideology behaviors arising from exclusion due to skin color and the ideal of whitening, the contempt



and institutionalized practices that deny the black population a quality care based on the policy that sustains it, brings grotesque and negative results for the social and cultural diversity of this population in access to the health network (FIGUEIRÓ, 2017).

Racism is based on social and racial differentiation due to the belief of higher or lower ethnicities. Based on the need to reduce owners and injuries to the health of the black population, the Ministry of Health launched the National Policy for the Black Population (PNSIPN), aiming at reducing ethnic-racial inequality (DA ROSA SILVA, 2019).

Racism is something extrinsic, it is learned from segregationist practices or ideas, which consequently generates the prejudice that it is a pre-judgment based on beliefs created or passed on, a judgment without basis, without scientific justification, characterized with irrational hatred and aversion to other races, a negative aspect susceptible to generalizations (LAGES, 2017).

Racial discrimination is the composite of racism and racial prejudice and consists of differentiation and unequal treatment. Both start from the thought and adoption of the position when believing or treating groups of races as inferior. These actions lead to discriminatory behaviors, generating unfavorable and disadvantageous situations for the individuals targeted by the discrimination. It manifests itself through gestures or offenses directed directly or indirectly with the broad objective of offending and belittling, either even by the denial of basic rights such as health, education, leisure, sports, housing, basic sanitation, participation in policies aimed at improving living conditions, among others (BIATO, 2019).

Institutional racism differs from racism, prejudice and racial discrimination, but it is based on the same essence and foundation. The institutional is characterized when a health professional is unaware of relevant facts about the health of the black population, denying him a care that contemplates their needs or when the health institution does not provide means and services to meet the needs of this population. The lack of knowledge of public policies leads to growth in inequality and inequities in the provision of care, whether continuous or momentary (DO NASCIMENTO, 2019).

Inequality in Brazil directly affects women, whether in the labor market, accessibility of information, access to health or violence. It is necessary to recognize the issues of gender, ethnicity, and economic power as factors of direct influence on the vulnerabilities of this public. This inferiorization contributes directly to the devaluation of their identities, culture, black female empowerment. It is necessary to recognize the existing policies aimed at reducing harm to this population (DAS NEVES PEREIRA, 2020).

The commitment to the fight to reduce institutional racism, discrimination in health units contributes directly to better efficiency in the care provided as well as in equity and quality of the same. The creation of this policy in an integral way is like a historical milestone for a population, which until then did not have its rights respected or prioritized (BATISTA, 2021).



The nursing professional during his training develops skills regarding the process of care for women during the gestational period, national laws and policies provide and legally support their practices, which thus enables the improvement in the quality of care and understanding of pregnant women both white and black. They are trained to offer through health education with educational lectures on the gestational process and its interurrences in order to clarify what happens during this period from the first consultations and periodic examinations to implications that may occur during childbirth and puerperium, as well as the importance of humanized delivery and equity emphasizing the direction of care of black pregnant women (DE FREITAS OLIVEIRA, 2020).

It is the role of nursing during pregnancy to inform mothers about the importance of prenatal care, of the assiduous presence in the consultations, to emphasize the performance of the requested exams and updated vaccination booklet, to give support and attention to their complaints, clarifying their doubts and concerns, to promote health education lectures that aim to inform and solve doubts about the resulting pathologies, body changes, humanized delivery and the right to choose the type of delivery (MONTEIRO, 2020).

Primary Care is also responsible for offering follow-up during the puerperium, breastfeeding, care for the newborn and umbilical stump, alleviating with clear and objective information the fears arising from the process itself, taking into account the social determinants of each parturient, especially black women (DOS SANTOS, 2016).

Each pregnant woman brings with her concerns and concerns about pregnancy and that she does not always know how to expose, it is up to the nursing staff to welcome and identify each one of them, making sure that each complaint/doubt was heard and respected in its diversity. The prenatal care recommended by the Ministry of Health and humanization becomes effective when it respects the existing culture about the pregnancy and childbirth of each woman (PEREIRA, 2020).

It is expected an improvement in the care of black pregnant women with the insertion and knowledge of the national policy of the black population in the new model of care provided in the Family Health Strategy (FHS) with the integration of health professionals and community health agents. It's a slow and time-consuming process, but it needs to be practiced. The implementation and implementation of the health of this policy is a strategy that must count on the support of the state and municipal secretaries, being widely supported by the Ministry of Health (RUSCHI, 2018).

It is necessary to train health professionals for a significant improvement in the process of meeting the needs of the black population, in the transfer of information through informative education on the aspects that influence the process of pathologies. This would be the correct way to expand the guidelines of the Unified Health System (DA SILVA, 2021).

Primary Health Care is the gateway of users to the service, has an important role in the dissemination of policies that contemplate the population. Therefore, it becomes a favorable instrument



for the incorporation and promotion of the national policy of the black population policy based on the principles of the SUS in its entirety. However, the same policy needs to be implemented in several other areas of health care, such as secondary and tertiary units of the system (SILVA, 2019).

To be exercised in its entirety, it is necessary to unite all care networks. In hospital care, it is necessary to emphasize that in addition to care in its amplitude, in reduction of risks and pathologies as well as the expansion of access to health, it is necessary to respect the cultural differences and religious cults that are sometimes not accepted because they are religions of African origin both by patients and by health professionals. It is necessary a wide propagation of the rights to health among the black population, to make known pathologies, causes, treatments and early capture of the same, as well as the valorization of its culture.

4 CONCLUSION

The activities carried out in health programs still do not consider the specificities and demands of the health of the black population based on ethnic and racial characteristics and needs, which can lead directly to institutional racism, thus compromising the quality, efficiency and transparency in quality care aimed at minimizing the risks and injuries resulting from social determinants or pathologies associated with ethnicity.

Thus, it is essential to strengthen actions aimed at improving the health of black women, emphasizing integrality, the vision of a single individual, equity and ensuring accessibility in a broad way aiming at vulnerabilities. Discussing representativeness in councils, conferences and active participation in the demands of the SUS can be a beginning for the execution of the rights of the black population.



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