INTEGRATIVE LITERATURE REVIEW ARTICLE

COMMON HEALTH PROBLEMS IN BLACK WOMEN PROBLEMAS DE SAÚDE MAIS COMUNS EM MULHERES NEGRAS PROBLEMAS DE SALUD COMUNES EN MUJERES NEGRAS

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ABSTRACT

Objective: to analyze national and international scientific productions on the most common health problems in black women. **Method:** this is a descriptive bibliographic study, integrative literature review, with searches of scientific productions in the LILACS and MEDLINE databases. Sixteen articles were selected, the data were processed using the IRAMUTEQ® software and analyzed descriptively by the Reinert model. **Results:** six classes were organized: prevention of sexually transmitted diseases in black women; legislation and health rights of the black population; implementation by the government of actions aimed at promoting the health of the black population; the role of family health strategies in promoting quality of life in black women; awareness of the most common diseases among black women and the role of the state in combating ethnic and racial violence. **Conclusion:** it was found that the most common health problems in black women are related to preventable causes. It is estimated that, in Brazil, the living and health conditions of black women still need to be studied, requiring the encouragement of new research. **Descriptors:** African Continental Ancestry Group; Women, Health Vulnerability, Community Health Nursing, Public Health, Women's Health.

RESUMO

Objetivo: analisar produções científicas nacionais e internacionais sobre os problemas de saúde mais comuns em mulheres negras. **Método:** trata-se de um estudo bibliográfico, descritivo, tipo revisão integrativa de literatura, com buscas de produções científicas nas bases de dados LILACS e MEDLINE. Selecionaram-se 16 artigos, os dados foram processados no *software* IRAMUTEQ® e analisados descritivamente pelo modelo de Reinert. **Resultados:** organizaram-se seis classes: prevenção de doenças sexualmente transmissíveis em mulheres negras; legislação e direitos de saúde da população negra; implantação, pelo poder público, de ações voltadas à promoção de saúde da população negra; o papel das estratégias de saúde da família na promoção da qualidade de vida em mulheres negras; conscientização das doenças mais comuns em mulheres negras e o papel do Estado no combate à violência étnico-racial. **Conclusão:** identificou-se que os problemas de saúde mais comuns em mulheres negras estão relacionados a causas evitáveis. Avalia-se que, no Brasil, as condições de vida e de saúde das mulheres negras ainda precisam ser estudadas, requerendo o incentivo de novas pesquisas. **Descritores:** Grupo com Ancestrais do Continente Africano; Mulheres; Vulnerabilidade em Saúde; Enfermagem em Saúde Comunitária; Saúde Pública; Saúde da Mulher.

RESUMEN

Objetivo: analizar las producciones científicas nacionales e internacionales sobre los problemas de salud más comunes en mujeres negras. **Método:** estudio bibliográfico descriptivo, revisión bibliográfica integradora, con búsquedas de producciones científicas en las bases de datos LILACS y MEDLINE. Se seleccionaron 16 artículos, los datos se procesaron con el *software* IRAMUTEQ® y se analizaron descriptivamente mediante el modelo Reinert. **Resultados:** se organizaron seis clases: prevención de enfermedades de transmisión sexual en mujeres negras; legislación y derechos de salud de la población negra; implementación por parte del gobierno de acciones destinadas a promover la salud de la población negra; el papel de las estrategias de salud familiar en la promoción de la calidad de vida en las mujeres negras; concientización de las enfermedades más comunes entre las mujeres negras y el papel del Estado en la lucha contra la violencia étnica racial. **Conclusión:** se identificó que los problemas de salud más comunes en las mujeres negras están relacionados con causas prevenibles. Se estima que, en Brasil, las condiciones de vida y salud de las mujeres negras aún deben estudiarse, lo que requiere el estímulo de nuevas investigaciones. **Descriptor:** Grupo de Ascendencia Continental Africana; Mujeres; Vulnerabilidad en Salud; Enfermería em Salud Comunitaria; Salud Pública; Salud de la Mujer.

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INTRODUCTION

It is pointed out that the world health indicators have considered, in the last decades, the peculiar characteristics of the health and disease process in the black population, regarding the predisposing genetic factors and the social determinants of health vulnerability.¹ Vulnerability is known to have its concept defined in 1990, which allowed a broader view related to social inequality, sexual diversity, race, ethnicity, prejudice, among other factors affecting the way of life of different population segments.²

However, the right to health was only conquered in Brazil with the promulgation of the Federal Constitution of 1988. In relation to the black population, specific rights were established, including the right to land and respect for their cultures.³ However, it is evident that the creation of a policy that was really focused on the specificities of this population was only possible in 2007, in response to the growing health demands of this group. It is up to the Brazilian State, in partnership with the black movement, to elaboration of the National Policy of Integral Health of the Black Population (NPIHBP).⁴

It is currently observed that Brazil concentrates the largest black population (including blacks and browns) outside Africa and the second largest in the world, surpassed only by Nigeria, as more than 40% of the Brazilian population is of African descent.⁵ For these people, the environment is defended, which excludes and denies rights, puts them under greater conditions of vulnerability, mainly due to the disqualified and undervalued social insertion, directly reflecting on their health conditions.

Poor health conditions due to skin color and / or race are described as a public health problem in many countries.⁶ In addition, the health problems related to gender issues in this population, as this factor, and not just race, leads many black women to experience defensive states, inappropriate behavior and various other disorders, including mental and physical illness.⁷⁻⁸

In this sense, it is important to know the most common health problems among black women, because this initiative represents the first step to analyze their specificities and to propose more effective public health policies, programs and plans for the protection, promotion and women's health recovery at all levels of care complexity. It is understood that such knowledge also enables the elaboration of suggestions to the routines and work processes of health professionals, who need to know the profile and act in face of the real health needs of this population.

OBJECTIVE

- To analyze national and international scientific productions on the most common health problems in black women.

METHOD

This is a descriptive bibliographic study, integrative literature review, which allowed the understanding of a specific theme from other independent studies.⁹ It is registered that the operationalization of the study took place through six main steps: formulation of the problem or research question; definition of inclusion and exclusion criteria; definition of the information to be extracted; analysis of recorded information; interpretation and discussion of results and presentation of the review / synthesis of knowledge.¹⁰ This study was conceived based on the following guiding question: "What are the main scientific productions about the most common health problems in black women?"

For this study, we consulted the electronic databases Medical Literature Analysis and Retrieval System Online (MEDLINE) and Latin American and Caribbean Health Sciences Literature (LILACS, via VHL). For the search, the descriptors in Health Sciences (DeCS) and the controlled and uncontrolled terms of the Medical Subject Headings (MeSH) were used: African Continental Ancestry Group; Women; Public Policy and Health Vulnerability, using the Boolean operator "AND" to associate all descriptors with each other.

The search was carried out from March to May 2019. The following inclusion criteria were considered for material selection: complete articles; available in open access in Portuguese, English, Spanish and French; published from 2014 to 2018 and without restrictions on the level of evidence. Initially, 39,840 publications were found; however, after applying the inclusion criteria, this number was reduced to 3,117 articles. There were 571 articles in LILACS and 2,546 publications in MEDLINE, with only nine duplicate articles. After reading the titles, objectives and abstracts, 34 articles were selected, 22 in LILACS and 12 in MEDLINE. Eighteen articles were excluded because they were not complete or did not answer the research question, totaling 16 articles for the analysis and elaboration of the textual corpus. Figure 1 shows the flowchart of the article selection process.

From the selected material, data were extracted through a systematic script for the organization of the following information: article code; title; author; year; parents; data base; goal; method and main conclusions. The textual corpus was elaborated with the conclusions of the articles, organizing it in a single text file for processing and analysis in the software

<https://periodicos.ufpe.br/revistas/revistaenfermagem/index>

IRAMUTEC® (R Interface for Multidimensional Analysis of Textes and Questionnaires).

It is noteworthy that the IRAMUTEQ®, created by Pierre Ratinaud, was first used in Brazil in 2013.¹¹ It is a program that is anchored in R software and allows different forms of statistical analysis on textual corpora and tables of individuals by words.

For the analysis of the research, the Descending Hierarchical Classification (DHC) method, proposed by Reinert (1990), was defined, in which the texts are classified according to their respective vocabularies, and their set is divided by the frequency of the reduced forms.¹¹ The objective of the DHC analysis is to obtain classes of text segments that, besides presenting similar vocabularies, have different vocabularies from the text segments of the other classes.

During data processing, IRAMUTEQ® recognized the corpus separation into 16 text units, 159 text segments, 1,054 distinct shapes and 5,509 occurrences of words in the text. It is pointed out that the average frequency of the forms was 2,996,409, generating distinct semantic classes, analyzed by the DHC. 135 text segments were used, out of a total of 159, that is, 84.91% of the corpus was used for the analysis.

Words with frequency equal to or greater than the recorded average frequency (three), frequency twice greater than or equal to 20, and p value with significance ≥ 0.0001 were considered relevant. Each class was represented by the most significant words and their respective associations with the class (chi-square).

Figure 1. Flowchart of study selection adapted from Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA 2009). Belem (PA), Brazil, 2019.

From the identification and analysis of textual domains and the interpretation of meanings, the classes with their respective meanings were named: 1 - Prevention of sexually transmitted diseases in black women; 2 - Legislation and health rights of the black population; 3 -

Implementation by the government of actions aimed at health promotion of the black population; 4 - The role of family health strategies in promoting quality of life in black women; 5 - Awareness of the most common diseases among

black women and 6 - The role of the state in combating ethnic and racial violence.

RESULTS

Among the 16 articles selected, five were published in 2018 (31%), four in 2017 (25%), four in 2016 (25%) and three in 2015 (19%). Ten are in the LILACS database (62.50%) and six in MEDLINE (37.50%). Regarding languages, eight studies in Portuguese (50%), seven in English (43.75%) and one in Spanish (6.25%) were registered. The studies were conducted in Brazil (ten; 62.50%), the United States (five; 31.25%) and Colombia (one; 6.25%). Regarding the methodology used, eight studies were classified as cross-sectional

analytical quantitative (50%), four as descriptive quantitative (25%) and four as descriptive qualitative (25%). Following are the articles included in this review, as well as the code specifications of each article, title, author, year, country of study, database, objective, method, and main findings (Figure 2). Through the analyzes in IRAMUTEQ®, the dendrogram of the obtained classes is also presented, which illustrate the partitions made in the corpus to the final classes, specifying which themes were more representative and which words were more frequent in each class, as illustrated in figure 3.

Article code	Author/ Year/ Country	Title	Database	Objective	Method	Main conclusions
A1	Dias, Calado, Alencar, Hortegal, Santos, Brito, et al 2018. Brazil	Abdominal obesity and reduction of glomerular filtration	LILACS	To evaluate the association between nutritional status and glomerular filtration rate (GFR) in quilombola remnants.	Analytical Quantitative Study Cross-sectional	GFR decreased with increasing mean values of nutritional indicators of abdominal obesity, regardless of gender.
A2	Fernandes, Nascimento, Ferreira, Coelho, Silva and Pereira. 2018. Brazil	Cervical cancer prevention among quilombola women in the light of Leininger's theory	LILACS	Discuss cervical cancer prevention practices of quilombola women	Qualitative, descriptive study	Social, cultural and access issues relate to cervical cancer prevention practices.
A3	Diniz, Batista, Kalckmann, Schlitzhe and Queiroz, Carvalho. 2016. Brazil	Sociodemographic inequalities and maternity care among puerperal women in southeastern Brazil by skin color: data from the national survey Born in Brazil (2011-2012)	LILACS	To analyze changes in sociodemographic inequalities and maternity care in Southeast Brazil, by race / color, over the past decade	Quantitative, cross-sectional study	Black and brown women had fewer appointments, fewer ultrasounds, more inadequate prenatal care, higher parity, and more hypertensive syndromes.
A4	Viegas and Vargas. 2016. Brazil	Health promotion for black women in Castelo town, Alcântara Municipality, Maranhão, Brazil	LILACS	Analyze basic health services provided to black women	Descriptive qualitative study	We have not identified any planned action that considers the racial and ethnic characteristics of women in the community.
A5	Belfort, Kalckmann and Batista. 2016. Brazil.	Childbirth care for black women in a hospital in the interior of Maranhão, Brazil	LILACS	Describe how assistance to the puerperal pregnancy cycle occurs among black women living in the municipality of Icatu, Maranhão	Descriptive Quantitative Study	Most started prenatal care in the first trimester and had six or more consultations during follow-up. All black and most brown women had iron deficiency anemia during pregnancy.
A6	Prates, Possati, Timm, Cremonese, Oliveira and Ressel. 2018. Brazil.	Meanings Attributed by Quilombola Women to Health Care	LILACS	Know the meaning of health care attributed by a community of quilombola women	Descriptive qualitative study	The care meanings attributed by quilombola women are considered cultural products
A7	Malta, Moura and Bernal. 2015. Brazil	Differentials in risk factors for chronic non-communicable diseases from race / color standpoint	LILACS	To analyze the differences between the prevalence of non-communicable chronic disease risk factors by race / color	Quantitative, cross-sectional study	Differences in risk factors according to race / color can be explained by cultural aspects, not fully adjustable socioeconomic differences, which lead to less access to goods and fewer opportunities for the black population.
A8	Santos. 2016. Brazil	Black woman: double vulnerability to STD / HIV / AIDS	LILACS	Discuss the determinants of black women's vulnerability to HIV / AIDS	Descriptive qualitative study	Socioeconomic inequalities and institutional racism are the explanatory hypotheses for black women's high vulnerability to STD / AIDS
A9	Noreña-Herrera, Leyva-Flores, Palacio-Mejía and Duarte-Gómez. 2015. Colômbia.	Inequidad en la utilización de servicios de salud reproductiva em Colombia em mujeres	LILACS	Identify the use of reproductive health services (prenatal, childbirth and postpartum)	Quantitative, cross-sectional study	There are inequalities in the use of reproductive health services among women of ethnic groups that must be addressed with

		indígenas y afrodescendientes		according to women's ethnicity			government strategies that guarantee the right to health.
A10	Silva, Medeiros, Martins, Sousa, Lima, Rêgo, et al. 2017. Brazil	Food insecurity in rural communities in northeastern Brazil: Does being quilombola make a difference?	LILACS	To identify the prevalence of food insecurity in a rural area of northeastern Brazil and to investigate this outcome according to residence in quilombola and non-quilombola communities.	Quantitative, cross-sectional study		The prevalence of food insecurity was high in the entire population
A11	Vines, Carpenter, Chen, Cherry, Long, Amos, et al. 2017. United States	Responding to a Community's Concern: A Comparison of Breast Cancer Characteristics and Initial Treatment in Three Selected North Carolina Counties	MEDLINE	Examine the characteristics of county breast cancer before and after the report, including whether geographic variation can mask racial disparities in this African American community	Quantitative, cross-sectional study		Racial disparities remain a concern in North Carolina; however, they appear to be less profound than in the 2007 national report
A12	Lacey, Parnell, Mouzon, Matusko, Head, Abelson and Jackson. 2015. United States	The mental health of US Black women: the roles of social context and severe intimate partner violence	MEDLINE	To examine the contribution of social and contextual factors and severe intimate partner physical violence to the mental health of black American women.	Quantitative, cross-sectional study		Deprivation of intimate sepsis, discrimination and prolonged stay, neighborhood problems are important predictors of black women's health.
A13	Miller, Smith, Ryerson, Tucker e Allemani. 2017. United States	Disparities in Breast Cancer Survival in the United States (2001-2009): Findings From the CONCORD-2 Study	MEDLINE	Analyze breast cancer survival using individual records from 37 state records	Quantitative, cross-sectional study		Reducing racial disparities in survival remains a challenge that requires broad and coordinated efforts at the federal, state, and local levels.
A14	Theophilo, Rattner and Pereira. 2018. Brazil	Vulnerability of black women in prenatal care and childbirth in UHS: analysis of the Active Ombudsman's research	MEDLINE	To analyze differences in prenatal care and delivery in SUS according to race / color from data from the Stork Network Active Ombudsman Survey in 2012	Descriptive Quantitative Study		Women of race / black / brown appear to be worse in socioeconomic characteristics, prenatal care and childbirth, in all studied variables, except for childbirth aggression and supplementary payment
A15	Gaye, Gibbons, Barry, Quarells and Davis. 2017. United States	Influence of socioeconomic status on whole blood transcriptome in African Americans	MEDLINE	To examine the impact of socioeconomic status on blood transcriptome in a sample of African Americans.	Descriptive Quantitative Study		Low socioeconomic status has been consistently linked to many social and environmental conditions that act as stressors and is known to correlate with vulnerability to chronic diseases associated with a chronic inflammatory state. Impartial analysis of blood transcriptome in African Americans

					revealed evidence of a robust molecular signature of increased inflammation associated with low socioeconomic status.	
A16	Adams, Lurie, King, Brady, Galea, Friedman, et al. 2018. United States	Potential drivers of HIV acquisition in African-American women related to mass incarceration: agent-based modelling study	MEDLINE	Assessing whether incarceration can increase HIV risk behavior for individuals involved in the criminal justice system and can be a driver of HIV acquisition within the community	Descriptive Quantitative Study	Mass incarceration of African American men can increase HIV acquisition in African American women at the population level through factors including high-risk post-release behaviors

Figure 3. Most representative themes in each class. Belem (PA), Brazil, 2019.

The classes and their descriptions

Class 1: Cervical cancer prevention in black women

In class one, 25 text segments are presented, corresponding to 18.52% of the corpus and directly associated with classes four and five. It is recorded that the most frequent and significant words of these text segments were: disease; preventive; cancer; factor; examination and neck ($p < 0.0001$), extracted predominantly from articles 15, three, 12, 16 and two, in order of significance.

It is concluded, according to the evidenced results, that the sociocultural and access issues are related to the preventive practices for cervical cancer used by quilombola black women. It is found that cultural care, also called by Leininger as generic care, was often cited by women when asked about preventive care related to cultural habits of taking more care of themselves. It is understood that the non-use of oral contraceptives and the use of condoms and medicinal plants were cautions pointed out by black quilombola women for the prevention of cervical cancer; other women, however, said they knew nothing about preventing this cancer. 13 of the 20 women interviewed never performed the preventive exam and many claimed not to know about the exam, the absence of symptoms and / or carelessness (A2).

Class 2: Implementation by the government of actions aimed at health promotion of the black population

There are 17 text segments in class two, accounting for 12.59% of the corpus and directly associated with class three. The most frequent and significant words of these segments are listed: implementation; promotion; aim at; political; predominantly from articles seven and eight in order of significance.

Affirmative public policies were proposed, aiming at advancing towards equity by the Ministry of Health, such as the insertion of health of the black population in the Unified Health System, which considers the specific needs of the black population, the inequalities that affect this segment in terms of access to services and assistance provided to this population. It is understood that the approach of this study (A7) is in line with the national integral health policy of the black population in Brazil and aims to advance reflection and academic production to support the formulation of public policies to promote equity. These findings are considered to support policies to reduce social inequalities and affirmative actions that meet the real needs of this significant portion of the population.

It is noted that the greater vulnerability found in black or brown women serves as a warning to

the whole society and to the public power, as the results point to the need to seek equity in care, possibly offering differentiated assistance to this population. (A8).

Class 3: Legislation and health rights of the black population

Class three is composed of 24 text segments, corresponding to 17.78% of the corpus and directly associated with class two. The most frequent and significant words of these segments are listed: legislation; tell; right; service; black; County; run; demand and reality ($p < 0.0001$), extracted predominantly from articles four, nine and ten, in order of significance.

It is believed that the health of the black population as a national public policy, although already a reality, is still ineffective in Brazilian services. There is a scarcity in the literature regarding the implementation and implementation of the proposed actions for this population. It is argued that, in most of the quilombola communities in the country, health policies are still not in accordance with the recommendations of contemporary legislation on the subject, and universal and full access or the principle of equity are not ensured, as provided for by current national laws. (A4).

Despite the advances in affirmative actions and public policies aimed at this population, there is still much to be achieved. It is understood that the results of this study (A10) demonstrate the greater social and housing economic vulnerability of black quilombola families.

Class 4: The role of family health strategies in promoting the quality of life of black women

In class four, 30 text segments are included, accounting for 22.22% of the corpus and directly associated with class five. The most frequent and significant words of these segments are listed: family; predominantly from articles ten, six, 14 and five, in order of significance.

It is pointed out that the performance of the family health team, in the context of primary health care, is a valuable strategy for the strengthening and qualification of food and nutritional care in quilombola communities. However, it is emphasized that the actions must be planned in order to meet the specificities of these populations (A10).

Class 5: Breast Cancer Awareness in Black Women

It is noteworthy that class five has 17 text segments, accounting for 12.59% of the corpus and directly associated with class four, and the most frequent and significant words in these text segments were: result; knowledge; breast cancer; awareness; integrality and person, extracted predominantly from articles two, 11 and 13, in order of significance.

Current findings document the start of positive changes in outcomes amid ongoing community efforts to address the disproportionate burden of breast cancer in black women. Future research should address these issues and programs to identify the root causes of the disproportionate burden of scientifically testable breast cancer cases (A11).

Increasing awareness and efforts to achieve health equity among ethnic, geographic, socioeconomic and other racial groups are noted, with persistent disparity in breast cancer survival among black and white women; however, more local and individual national efforts are needed (A13).

Class 6: The role of the state in combating ethnic-racial violence.

Class six has 22 ECUs, accounting for 16.30% of the corpus and directly associated with classes two and three. It is pointed out that the most frequent and significant words of these text segments were: state; diverse; violence; society; partnership; ethnic-racial; represent; justice and institution, taken predominantly from Article 8.

Racial and gender violence are considered to be obstacles to health equity and a violation of human rights, and it is essential to articulate various sectors to address them. It is essential for women to realize that they are victims of various types of violence, a fact that is often denied and naturalized by the chauvinist ideals of societies. It should be noted that the continuation of this struggle and the resolution of issues of violence against women must be carried out by the State, as these aspects represent a violation of human rights. The State is responsible for adopting measures to contain or eliminate the violence practiced in society, particularly against women discriminated by their ethno-racial origin or any other aspect that unjustly designates certain social segments as inferior (A8).

DISCUSSION

It is evident from the contents learned in the classes that the health problems related to black women are mainly due to preventable causes, especially sexually transmitted infections, maternal mortality, prenatal gestational problems, childbirth and childbirth and sexual and gender violence. In addition, black women are part of the group of Brazilian women who generally have the worst health indicators, expressed in the highest incidence of diseases.¹²

This vulnerability to diseases is associated with various social determinants of health, including living, working, eating and sanitary conditions.¹³ In a study conducted in the United States, the association between low socioeconomic status and each of the 14 major causes of death categories in

the international classification of diseases was shown.¹⁴

It is noteworthy, however, that part of the studies found in the databases that served for analysis in this review reveal an increased relative risk of black people acquiring and dying from sexually transmitted diseases.^{15,16} Among the articles found, such as the most prevalent sexually transmitted diseases in the black population, are infections by the human immunodeficiency virus (HIV) and the human papilloma virus (HPV).¹⁷

According to data from the São Paulo STD / AIDS Reference and Treatment Center (CRT-SP), collected in 2014, the risk of black people dying from HIV infection is 2.4 times higher compared to the white population, a fact corroborated by data from the Ministry of Health, 2016, which pointed out that 55% of registered cases of AIDS occurred in black people and 43.9% in white people. Deaths from the disease are known to be higher in blacks (58.7%) than whites (40.9%), reinforcing that the current scenario shows the existence of social and health inequalities in ethnic minority groups, which represents a historical debt, mainly, to people of African descent and indigenous.¹⁸

In a comparative survey conducted in 2006, it was revealed that black men had a 25% higher risk of contracting the disease than whites than blacks. With regard to women, it is emphasized that the percentage was even more alarming, as black women had a 51% higher risk of contracting AIDS. Thus, it was pointed to a greater vulnerability of black women in relation to sexually transmitted infections, as they are subjected to several factors that influence this health / disease process, which may be biopsychosocial in nature or related to the economic dependence of the partner, legitimacy of sexual exercise, as well as gender violence.¹³

In many contexts, black women are also the main victims of sexual violence and sexual exploitation. In addition to the above factors, another important point that deserves to be explained is the fact that the relationship occurs with older partners, which results in little bargaining power regarding the use of methods to prevent unwanted or of STIs in sexual relations. In Brazil, there is no accurate information on the prevalence of STIs in the young black population, due to the importance that a health service gives to ethnic and racial aspects, as these data can favor the development of most effective for each group public policies.¹⁹

A study in the United States showed that women with partners who had already been arrested or incarcerated had a higher prevalence and chance of contracting sexually transmitted infections.²⁰ The findings reinforced the importance of programs that seek to reduce male HIV-risk behaviors and to promote care

engagement after release from imprisonment, highlighting the need for programs for testing and treating sexually communicable infections to incarcerated men or women or with incarcerated partners.

It is important to emphasize that the findings of the study show something that goes beyond a health problem, constituting a social issue. It is clear from the profile of the Brazilian prison population, released by the most recent National Survey of Penitentiary Information, whose data refer to 2015 and the first half of 2016, that Brazil is the third country with the largest number of people in prisons, behind only the United States and China.²¹

55% of all incarcerated people in Brazil are known to be between 18 and 29 years old, which corresponds to youth and adults.²¹ When analyzing the racial profile of this population, 64% are black people, the highest percentage found in the northern region of the country. As for education, it is indicated that 75% did not reach high school and less than 1% have graduated.²¹ Health problems found in the black population are not the result of chance or fate, but of health conditions determined by biopsychosocial factors that are directly reflected in gender relations.⁶

Currently, there is an increase in cases of sexual and gender violence in affective relationships.¹³ In a study conducted in a quilombola community in Rio Grande do Sul, women were found to initiate sex before the age of 15 and generally had their first pregnancy before age 20.²²⁻³ It was also pointed out in another study, in Rio de Janeiro, with young adolescents living in the communities, that sexual relations are starting earlier and earlier.⁸ It is argued that the factor of low age associated with gender in a society with high rates of structural violence, such as the Brazilian, is reflected in mortality indicators for females.¹³

It was shown in the Atlas of Violence 2018, prepared by the Brazilian Institute of Applied and Economic Research (IPEA) and the Brazilian Forum of Public Security (FBSP), that the growth of sexual violence and homicide deaths in the black population is a reflection of gender and racial inequality.²⁴ According to 2016 figures, it was estimated that the homicide rate among black women was 5.3 / 100,000 women, higher than the rate for non-black women (3.1 / 100,000 women), corresponding to a difference of 71%.²⁴

It is emphasized that in ten years of study, the homicide rate for every 100,000 black women increased by 15.4%, while among non-black women there was a drop of 8%. In addition, homicides of black women increased by 50% in 12 Brazilian states from 2006 to 2016; in turn, for non-black women, considering the same period,

the increase in homicides occurred only in six states.²⁴

It is generally believed that the health indicators of the black population are revealing of the racial inequalities faced and, in particular, reveal that black women suffer multiple discrimination because they are black, women and often poor and financially dependent on their partner.¹³ Other results of this review address the health problems faced by black women during pregnancy, demonstrating that in race / color-related maternal mortality coefficients, they always have a higher mortality rate.²⁵

It was found in a study conducted in the state of Rio de Janeiro on the profile of maternal mortality, between 2009 and 2013, that mothers who died due to causes related to pregnancy, childbirth and postpartum were young, black and low education.¹² It is noteworthy that, in Brazil, of the total maternal deaths of young people, black women represent 55.3%, while white women, 47.5% of this population, according to information from the National Health System bank (DataSUS) and data provided through the Access to Information Act.¹²

Access to the health system is also considered to be a common problem for black women who need to treat any pathology throughout their lives.²⁶ According to the Brazilian Ministry of Health, 80% of the population that only has the Unified Health System as an assistance plan is defined as black people,²⁶ which points to the sociodemographic and economic disparities existing in the Brazilian people.^{25,27}

Thus, the need for action in the context of effective state intervention is evident to address the different health needs of black women and to address their most common health problems, ensuring their access to qualified health goods and services and enabling the early identification of vulnerabilities inherent to their ethnic and social segment, aiming at integral health care.²⁸⁻³⁰

CONCLUSION

It is evaluated that the black population has a genetic specificity that distinguishes it from other peoples in the world, and the health and disease process of this population is influenced by genetic characteristics and, more strongly, by socioeconomic factors.

Through this literature review, it was identified that the health problems that most affect black women are of preventable causes, sexually transmitted infections, sexual and gender-based violence, maternal mortality due to gestational aggravation and lack of more effective health actions and public policies.

Nevertheless, it was recommended by the Pan American Health Organization, following the

Sanitary Conference of the Americas, to member states (including Brazil) to promote public policies that address “ethnicity as a social determinant of health”, because the race / color factor is directly related to health problems and may provide more reliable data for further studies with these populations. It is concluded that, in Brazil, many questions about the living and health conditions of black women still need to be studied, requiring the encouragement of new and robust research.

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