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KNOWLEDGE OF MOTHERS ABOUT THE BENEFITS OF BREASTFEEDING TO WOMEN'S HEALTH

CONHECIMENTO DAS MÃES SOBRE OS BENEFÍCIOS DO ALEITAMENTO MATERNO À SAÚDE DA MULHER

CONOCIMIENTO DE LA MADRES SOBRE LOS BENEFICIOS DE LA LACTANCIA MATERNA PARA LA SALUD DE LA MUJER

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ABSTRACT

Objective: to verify the knowledge of mothers about the benefits of breastfeeding to women's health. **Method:** cross-sectional, quantitative, descriptive study. Sample consisted of 47 women enrolled in the Human Milk Bank of a public maternity hospital. Data collection was conducted during home visits to participants. Descriptive and inferential analysis was performed using SPSS software package, version 18.0. The research project was approved by the Ethics Research Committee (Opinion 1274/10). **Results:** only 38 % of respondents had good knowledge, whereas 62 % showed regular knowledge about the subject. Mothers who had been counseled about the benefits of breastfeeding during the prenatal period showed a better knowledge, when compared to those who did not receive counseling. **Conclusion:** it is essential to improve the quality of information offered to women throughout the entire prenatal and postnatal period. **Descriptors:** Breastfeeding; Health Promotion; Women's Health.

RESUMO

Objetivo: identificar o conhecimento das mães sobre os benefícios do aleitamento materno à saúde da mulher. **Método:** estudo transversal, descritivo e abordagem quantitativa, com amostra censitária de 47 mulheres cadastradas no Banco de Leite Humano de uma maternidade pública. Os dados foram coletados em visitas domiciliares às participantes. A análise descritiva e inferencial foi realizada com subsídio do programa SPSS, versão 18.0. O projeto de pesquisa foi aprovado pelo Comitê de Ética em Pesquisa (Parecer 1274/10). **Resultados:** percebeu-se que apenas 38% das entrevistadas apresentaram bom conhecimento e 62% demonstraram conhecimento regular. Aquelas mães que durante o pré-natal receberam informações sobre os benefícios do aleitamento materno demonstraram um melhor conhecimento, quando comparadas às que não receberam tais informações. **Conclusão:** é indispensável melhorar a qualidade das informações oferecidas às mulheres em toda a fase do ciclo gravídico-puerperal. **Descritores:** Aleitamento Materno; Promoção da Saúde; Saúde da Mulher.

RESUMEN

Objetivo: verificar los conocimientos de las madres sobre los beneficios de la lactancia materna para la salud de las mujeres. **Método:** estudio transversal, cuantitativo y descriptivo. La muestra estuvo formada por 47 mujeres inscritas en el Banco de Leche Humana de un hospital público. La recolección de los datos se llevó a cabo durante visitas domiciliarias a las participantes. Para el análisis descriptivo e inferencial se empleó el paquete estadístico SPSS, versión 18.0. El proyecto de estudio fue aprobado por el Comité de Ética en Investigación (Opinión 1274-1210). **Resultados:** se observó que solamente el 38% de las mujeres tenía un buen conocimiento. El 62% poseía conocimiento regular sobre el tema. Las madres que habían recibido informaciones durante el periodo prenatal sobre los beneficios de la lactancia materna demostraron un mejor conocimiento del tema. **Conclusión:** es esencial mejorar la calidad de la información ofrecida a las mujeres en todas las fases del ciclo gravídico-puerperal. **Descriptores:** Lactancia Materna; Promoción de la Salud; Salud de la Mujer.

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INTRODUCTION

Breastfeeding has been a much discussed topic in recent years due to its importance for health promotion and disease prevention in early childhood. It has been identified as one of the most important actions for the reduction of infant mortality, especially in poor or developing countries. Thus, there are many benefits to child health that are attributed to breastfeeding. However, it was only recently that the scientific world began to recognize the physical, psychological and emotional benefits of breastfeeding to the woman/mother who breastfeeds.¹

With increasing breastfeeding rates around the world - according to the World Health Organization (WHO)-, and through the findings of studies that haven shown excellent results for the health of children, the beneficial and preventive effect of breastfeeding began to be evident in women who breastfed too. However, they were not common in women who did not perform this practice.¹

The practice of breastfeeding is being largely encouraged by health professionals and authorities. However, currently there are still many postpartum women who never received specific counseling or are unaware of the benefits of such practice. Informing the woman/mother about the benefits of breastfeeding not only to the child but also to her health is very important, because this will make her feel more encouraged to breastfeed.²⁻³

The promotion and encouragement of breastfeeding (B) rely heavily on the commitment of health professionals who are responsible for the care of women during the prenatal and postnatal periods. Mothers should be informed about the various advantages and disadvantages of the use of breastmilk substitutes. Moreover, they should be counseled in relation to lactation, stimuli for the production of breastmilk, difficulties and solutions to problems in breastfeeding.^{2,4}

The importance of knowing the benefits of breastfeeding for the mother's health is the main reason for the conduction of further studies on this subject. The aim is to prove to the population that breastfeeding is not only a source of nutrition and well-being to the infant, but also an important natural "medicine" to the health of the mother. Thus, the pleasure of breastfeeding is added to the

satisfaction of leading a healthy life without risks in the postpartum and puerperium.¹

Breastmilk provides benefits not only to the infant but also to women. The woman who breastfeeds since delivery has a lower risk of having anemia or hemorrhage in the postpartum period. Breastfeeding also helps in increasing the spacing between pregnancies, giving women more time to recover from childbirth and baby care. It also protects against breast and ovarian cancer, allows the more easy return to pre-pregnancy weight and facilitates remineralization, preventing vertebral and femoral fractures in the menopausal period.⁵⁻⁶

The knowledge about the benefits of breastfeeding to women's health is important not only to women who breastfeed but also to the scientific world. Although this is a topic of great relevance for public health, it is still little explored in research.

OBJECTIVE

- To assess the knowledge of mothers about the benefits of breastfeeding to women's health.

METHODS

For data collection, we used an instrument with closed questions and divided into three parts: Part A addressed personal data: date of birth, color, education, marital status and occupational activity; Part B inquired about the gynecological and obstetric history: menarche, coitarche, number of pregnancies, previous breastfeeding experiences, gestational age at delivery, number of antenatal visits, information about the benefits of breastfeeding received during the prenatal period; finally, Part C focused on the knowledge about the maternal benefits of breastfeeding.

A score was performed to assess the of knowledge of mothers about the benefits of breastfeeding to women's health, according to the number of correct answers obtained in Part C during the interview. There was a total of six questions. (Figure 1).

Number of correct answers	Classification
6, 5 or 4	Good
3, 2 or 1	Regular

Figura 1. Classification of the knowledge of mothers about the maternal benefits of breastfeeding.

Data collection was performed by two researchers who accompanied the professionals of the HMB during home visits for collection of milk. The research participants were given the Informed Consent Form (ICF), which specifies all necessary information about the research. Interview was conducted after signature of the ICF.

Data were tabulated with the aid of Microsoft Office Excel 2007. Descriptive and inferential analysis was performed using SPSS software package, version 18.0. Data were presented using frequency tables. In order to determine the association between variables, chi-square test was applied. Statistically significant differences were considered to be when $p < 0.05$.

In accordance with the provisions of Resolution 196/96 of the National Health Council, the research project was submitted for approval by the Research Ethics Committee of the State University of Health Sciences of Alagoas (CEP), Maceió - AL, under protocol No. 1274/10.

RESULTS

The sample consisted of 47 women who breastfed and were registered in the HMB of the Casa Maternal Denilma Bouillon. These women were interviewed according to the questions listed in parts A, B and C, and described in Tables 1, 2 and 3, respectively.

Table 1. Distribution of the personal data of mothers enrolled/registered in the BLH of the Casa Maternal Denilma Bulhões. Maceió - AL, from May to September 2010.

Variáveis	Category	N	%
Age	≤ 19 years	7	15
	> 19 years	40	85
Skin Color	White	10	21
	Negra	1	2
	Brown	36	77
	Yellow	0	0
	Red (indigenous)	0	0
Education	Illiterate	1	2
	Primary	20	43
	Incomplete	1	2
	Complete Primary	9	19
	Incomplete High school	14	30
	Complete High school	1	2
	Incomplete Superior	1	2
	Complete Superior		
Marital status	Single / Separated / Widowed	11	23
	Married / Consensual union	36	77
Occupational activity	Yes	5	11
	No	42	89

Table 2. Features of the gynecologic and obstetric history of mothers enrolled in the HMB of the Casa Maternal Denilma Bulhões. Maceió - AL, from May to September 2010.

Variables	Category	N	%
Menarche	Between 10 and 14 years	38	81
	Between 14 and 18 years	9	19
Coitarche	Between 10 and 14 years	22	47
	Between 14 and 18 years	20	42
	> 18 years	5	11
Number of pregnancies	1	21	45
	2 or more	26	55
Previous breastfeeding experiences	Yes	20	43
	No	27	57
Length of breastfeeding of last child	Between 3 and 6 months	3	15
	6 months or longer	17	85
Gestational weeks at delivery	Between 24 and 32	11	24
	> 32	34	72
	No information	2	4
Antenatal visits	None	3	6
	1 to 3	4	9
	4 to 6	18	38
	More than 6	22	47
Received information about the benefits of breastfeeding during the antenatal period	Yes	22	47
	No	25	53
Information about benefits were related	Only to the infant	6	27
	Only to the mother	0	0
	To mother and infant	16	73
Breastfeeds last child since delivery	Yes	45	96
	No	2	4

Table 3: Assessment of mothers regarding their knowledge about the benefits of B to women´s health, HMB, Casa Maternal Denilma Bulhões. Maceió - AL, from May to September 2010.

Variables	Category	n	%
Knowledge that B reduces the risk of postpartum hemorrhage	Yes	21	45
	No	26	55
Knowledge that B increases the spacing between pregnancies	Yes	24	51
	No	23	49
Knowledge about the prevention of breast and ovarian cancer	Yes	32	68
	No	15	32
Knowledge about returning to pre-pregnancy weight	Yes	31	66
	No	16	34
Knowledge that breastfeeding does not cause breast sagging	Yes	19	40
	No	28	60
Knowledge about the prevention of osteoporosis	Yes	8	17
	No	39	83
Knowledge of mothers	Good	18	38
	Regular	29	62

Table 4. Association of variables that could influence the knowledge of mothers enrolled in the HMB of the Casa Maternal Denilma Bulhões. Maceió - AL, from May to September 2010.

Variables				
Knowledge of mothers				
		Good	Regular	OR (95% CI)
Age				
	≤ 19 years	1 (14.3)	6 (85.7)	0.22 (0.02-2.05)
	> 19 years	17 (42.5)	23 (57.5)	
Marital statuts				
	Single / Separated / Widowed	3 (27.3)	8 (72.7)	0.52 (0.11-2.31)
	Married / Consensual union	15 (41.7)	21 (58.3)	
Number of pregnancies				
	1	10 (47.6)	11 (52.4)	2.04 (0.61-6.75)
	2 or more	8 (30.8)	18 (69.2)	
Previous breastfeeding experiences				
	Yes	8 (40)	12 (60)	1,13 (0.34-3.71)
	No	10 (37)	17 (63)	
Received information about the benefits of B during the antenatal period				
	Yes	13 (59.1)	9 (40.9)	5.77 (1.57-21.14)**
	No	5 (20)	20 (80)	

** p < 0,01 (X²)

DISCUSSION

The analysis of personal data of the mothers revealed that: 7 (15%) 19 years old or younger; 40 (85%) were older than 19 years (Table 1). This shows that most women had already reached physiological and emotional maturity, which could have contributed to a better knowledge. A study conducted with 266 postpartum women at two hospitals in Viçosa - MG found that most of the women were between 20 and 29 years old. However, a considerable number of women were younger than 20 years of age, which may negatively influence the practice of breastfeeding, because at this age physiological and emotional maturity has not yet been reached.⁷

Education is an important factor in this respect. In the study, 20 (43%) mothers had not completed primary education. However, 14 (30%) had completed high school (Table 1). A similar result was found in the study conducted in Viçosa - MG. In that study, most women had incomplete primary education. These results cause concern, as poor education levels negatively influence breastfeeding practice and continuation.⁷

With regards to their marital status, 36 (77%) women were married or living in a consensual union. To have a stable relationship and the support of others, especially the husband or partner, seems to exert a positive influence on the length of breastfeeding.⁸ (Table 1)

Regarding the obstetric history, it was found that 21 (45%) mothers were primiparous and 26 (55%) were multiparous (Table 2). In a survey conducted with 197 women who had had their children at the Santa Luzia Hospital - District of Viana do Castelo in Portugal, it

was found that 108 (55.1%) women were primiparous. The influence of parity on the decision about the type of feeding to be adopted is a controversial factor in the literature. Primiparous are more likely to initiate breastfeeding, but usually maintain B for a shorter duration, introducing complementary foods earlier. In multiparous, there seems to be a strong correlation between the way their previous children were breastfed and the way last child will be.^{8,9}

An important information is that from 20 (43%) women who had previously breastfed, 17 did it for more than 6 months (Table 2). The Brazilian Ministry of Health recommends the practice of exclusive breastfeeding until 6 months of age. After this period, complementary food should be introduced. However, breastfeeding should be continued until the second year of age or longer.¹⁰

Concerning the information about the benefits of breastfeeding received during prenatal care, it was found that, although 44 (94%) women had attended prenatal visits, 25 of these women had not receive any information about these benefits (Table 2). The study conducted in Viçosa - MG corroborates these findings. Moreover, with respect to knowledge previously acquired, although 94.0% of the mothers had attended prenatal care, we found that a large number of women (67.3%) had not received any information on breastfeeding. The promotion and encouragement of breastfeeding depends on the commitment of health professionals who are responsible for the care of women during the antenatal and postnatal periods. During pregnancy, women should be counseled about the various benefits of breastfeeding.^{7,2}

Regarding specific knowledge about the benefits of breastfeeding to women's health (Table 3), 21 (45%) mothers affirmed that the practice of breastfeeding reduces the risk of postpartum hemorrhage. Indeed, the practice of breastfeeding contributes to uterine involution and reduces the risk of postpartum hemorrhage because the oxytocin (produced by the pituitary gland due to the stimulation of nerve endings in the nipple-areola complex during breastfeeding) not only is responsible for milk ejection but also for uterine contractions in this period. This hormone has a calming effect on the mother and helps to increase the mother-infant bond. For this reason, oxytocin was called attachment hormone.¹¹⁻²⁻¹¹

Among the respondents, 24 (51%) claimed to know that breastfeeding increases the spacing between pregnancies. This is called Lactational Amenorrhea Method - LAM and consists in using Exclusive Breastfeeding as an initial method of choice for family planning.

Breastfeeding acts by preventing ovulation, because it produces changes in the speed with which female hormones are released, causing a disruption of the hypothalamic-pituitary-ovary axis. The infant sucking of the nipple sends impulses to the mother's hypothalamus, which alter the hormone production and lead to anovulation. "Amenorrhea", one of the basic criteria for assessing the effectiveness of LAM, occurs as a result of anovulation.¹³

Breast cancer and ovarian cancer can be prevented by breastfeeding. 32 (68%) women reported having this knowledge. The explanation for the protective effect of breastfeeding against cancer is related to the fact that cells with immunological functions, particularly macrophages, that are present in the milk, play a fundamental role in the destruction of cancer cells. Studies show that pregnancy and breastfeeding are directly related to the protective factors against ovarian cancer. The hypothesis is that it would appear in the ovarian epithelium due to uninterrupted ovulation traumas and cell proliferation, and with the formation of cysts where malignant cells would more easily reproduce themselves. This theory may explain why processes that disrupt ovulation and "give rest" to the ovary, such as breastfeeding, are associate with a smaller risk of cancer development.⁵⁻¹⁴

Breastfeeding also contributes to a more rapid return to pre-pregnancy weight. 31 (66%) women in the study were aware of this benefit. During pregnancy, there is an accumulation of reserves (about 100-150

calories per day). Due to this fact, women often are overweight at the end of the pregnancy. When a woman breastfeeds, the body uses these reserves of calories in order to produce breast milk. This facilitates the return to pre-pregnancy weight. The mother who stops breastfeeding earlier, keeps the calories that would be used to produce breast milk. Thus, it will take longer for her to recover her pre-pregnancy weight.¹⁵

In this study, 19 (40%) mothers believed that breastfeeding does not cause breast sagging, although there is a common mistaken belief among women that breast sagging is related to milk production and the practice of breastfeeding. However, breastfeeding does not compromise the aesthetics of breasts. Sagging is a result of excessive weight gain during pregnancy.¹⁶

Breastfeeding can prevent osteoporosis, but only 8 (17%) of respondents knew about this benefit. In the breastfeeding period, women produce about a liter of milk and lose an average of 200mg of calcium per day. This could lead to the assumption that the loss of this mineral would increase the chances of developing osteoporosis. Nevertheless, these losses are recovered in the weaning period and in the return of the woman's menstrual cycle. The fact is that women who breastfed for eight months or longer usually have greater bone mineral density than women who never breastfed or only partially breastfed. There are also studies that show that breastfeeding reduces the risk of hip and arm fracture due to osteoporosis.^{1, 15}

Using the score set previously and presented in Table 1, it was possible to evaluate the knowledge of mothers based on the number of correct answers obtained in the specific knowledge test. According to the score, 18 (38%) women had good knowledge, while 29 (62%) had regular knowledge.

We conducted an association between the variable "knowledge of mothers" and the variables: age, marital status, number of pregnancies and information about the benefits of breastfeeding received during prenatal care (Table 4). However, only the variable "information about the benefits of breastfeeding received during prenatal care" showed a statistical significance when associated with the variable "knowledge of mothers": $p \leq 0.01$. In this case, considering CI = 95% (interval: 1.57 to 21.14), we can notice that mothers who received information about the benefits of breastfeeding during the prenatal period were more likely to have a good knowledge about the maternal

benefits of AM. Thus, from 22 mothers who reported having received this information, 13 (59.1%) showed good knowledge in the score test, while 9 (40.9%) had regular knowledge.

CONCLUSION

The analysis of results revealed that the majority of mothers have a regular knowledge about the benefits of breastfeeding to women's health. This shows that an improvement in the quality of information provided to women is necessary.

During the process of human milk donation, these mothers receive weekly visits for the collection of milk. They are, therefore, more closely assisted by professionals of a hospital maternity that is recognized as a Baby Friendly Hospital and encourages breastfeeding. Thus, these professionals should have a great knowledge about the benefits of breastfeeding, both to the infant and to the mother, since the mother-infant dyad cannot be separated when talking about breastfeeding. The quality of knowledge provided is important because it promotes and encourages the practice of breastfeeding, which brings benefits to mother and infant.

The benefits of breastfeeding should be explained to women throughout the entire prenatal and postnatal period. It is the task of health professionals to provide an active listening service to mothers, i.e., to know how to listen to her, answer her questions, try to understand her and explain to her the mistakes present in false collective beliefs so that breastfeeding can become an act of pleasure.

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