Revista de Enfermagem e Atenção à Saúde
REAS

ORIGINAL ARTICLE
DOI: 10.18554/reas.v12i1.5368
e202362

FROM EQUALITY TO EQUITY: SINGULARITIES OF NURSING CARE FOR BLACK WOMEN IN PRIMARY CARE

DA IGUALDADE AO EQUÂNIME: SINGULARIDADES DO CUIDADO DO ENFERMEIRO À MULHER NEGRA NA ATENÇÃO BÁSICA

DE LA IGUALDAD A LA EQUIDAD: SINGULARIDADES DE LA ATENCIÓN DE ENFERMERÍA A MUJERES NEGRAS EN LA ATENCIÓN PRIMARIA

Maísa Galdino Pereira[1], Daniele Pereira Soares[2], Cícera Renata Diniz Vieira Silva[3], Dayze Djanira Furtado de Galiza[4], Mayara Evangelista de Andrade[5], Marcelo Costa Fernandes[6]

Como citar este artigo: Pereira MG, Soares DP, Silva CRDV, Galiza DDFG, Andrade ME, Fernandes MC. From equality to equity: singularities of nursing care for black women in primary care. Rev Enferm Atenção Saúde [Internet]. 2023 [access:____]; 12(1):e202362. DOI: https://doi.org/ 10.18554/reas.v12i1.5368

ABSTRACT

Objective: to analyze, from the nursing professionals' speeches, the relation between equal and equitable care for black women in Primary Care. **Method:** descriptive study, with a qualitative approach, performed between March and May 2017 with eight nurses from the Primary Health Care in the town of Cajazeiras, Paraíba. In order to collect data, we used a semi-structured interview, after approval by the Research Ethics Committee. Discourse Analysis was used to analyze the results. **Results:** in the nurses' speech, we found some confusion in the meanings between equal assistance and equitable assistance; however, in their speeches, we also noted the possibility of a rupture in the standard of care offered to black women. **Conclusion:** it is necessary that the approach to issues related to the health of black women be worked in all academic/professional training in order to provide a rupture in the gaps of common sense, considering ethnic, racial, cultural and social relationships.

Descriptors: Public Health; Health of Ethnic Minorities; Women's Health; Nursing.

[1] Enfermeira formada pela Universidade Federal de Campina Grande. Centro de Formação de Professores. Unidade Acadêmica de Enfermagem. Cajazeiras, PB, Brasil. E-mail: maisaenf.art@gmail.com. http://orcid.org/0000-0003-4692-5626

[2] Enfermeira. Programa de Residência Multiprofissional em Saúde da Família e Comunidade. Faculdade de Ciências Médicas da Paraíba. Secretaria Municipal de Saúde. João Pessoa, PB, Brasil. E-mail: danisoaresenf@gmail.com. http://orcid.org/0000-0001-8575-5880

[3] Docente da Universidade Federal de Campina Grande. Centro de Formação de Professores. Unidade Acadêmica de Enfermagem. Cajazeiras, PB, Brasil. E-mail: renatadiniz_enf@yahoo.com.br. http://orcid.org/0000-0002-0928-8368

[4] Docente da Universidade Federal de Campina Grande. Centro de Formação de Professores. Unidade Acadêmica de Enfermagem. Cajazeiras, PB, Brasil. E-mail: dayze_galiza@hotmail.com. http://orcid.org/0000-0001-9237-0372

[5] Enfermeira. Mestranda pela Universidade Federal da Paraíba. João Pessoa, PB, Brasil. E-mail: mayaraeandrade@hotmail.com. http://orcid.org/0000-0001-5256-2169

[6] Docente da Universidade Federal de Campina Grande. Centro de Formação de Professores. Unidade Acadêmica de Enfermagem. Cajazeiras, PB, Brasil. E-mail: celo_cf@hotmail.com. http://orcid.org/0000-0003-1626-3043

RESUMO

Objetivo: analisar, a partir dos discursos dos enfermeiros, a relação do cuidado igualitário e equânime à mulher negra na Atenção Básica. **Método:** estudo descritivo, com abordagem qualitativa, realizado entre os meses de março e maio de 2017 com oito enfermeiros da Atenção Básica do município de Cajazeiras, Paraíba. Para a coleta de dados foi utilizada uma entrevista semiestruturada, após a aprovação do Comitê de Ética e Pesquisa. Utilizou-se a Análise de Discurso para análise dos resultados. **Resultados**: constatou-se no discurso dos enfermeiros certa confusão nos significados entre assistência igualitária e assistência equânime, porém também se verificou a possibilidade de uma ruptura no padrão de cuidados ofertados a mulher negra. **Conclusão:** é necessário que a abordagem dos assuntos relacionados a saúde da mulher negra seja trabalhada em toda a formação acadêmico/profissional afim de proporcionar ruptura nas lacunas do senso comum, considerando as relações étnicas, raciais, culturais e sociais.
Descritores: Saúde Pública; Saúde das Minorias Étnicas; Saúde da Mulher; Enfermagem.

RESUMEN

Objetivo: analizar, a partir de los discursos de los enfermeros, la relación de la atención igualitaria y equitativa a las mujeres negras en la Atención Primaria. **Método:** estudio descriptivo, con un planteamiento cualitativo, llevado a cabo entre marzo y mayo de 2017 con ocho enfermeros de la Atención Primaria de Salud en la ciudad de Cajazeiras, Paraíba. Para la recopilación de datos, se utilizó una entrevista semiestructurada, tras la aprobación del Comité de Ética e Investigación. Se utilizó el análisis del discurso para analizar los resultados. **Resultados:** Se encontró, en el discurso de los enfermeros, una cierta confusión en los significados entre asistencia igualitaria y asistencia equitativa, pero, en dicho discurso, también se notó la posibilidad de una ruptura en el estándar de atención ofrecido a las mujeres negras. **Conclusión:** es necesario que el planteamiento de los problemas relacionados con la salud de las mujeres negras se trabaje en toda la formación académica/profesional con miras a proporcionar una ruptura en las brechas del sentido común, considerando las relaciones étnicas, raciales y culturales y sociales.
Descriptores: Salud Pública; Salud de las Minorías Étnicas; Salud de la Mujer; Enfermería.

INTRODUCTION

Brazilian social development tends to move slowly towards more inclusive processes, considering the social difficulties related to historical debts with population groups subjugated and enslaved by color, ethnicity, religion and gender.

Taking into account that to promote inclusion it is necessary to achieve social justice, it is important to understand the difference between the terms equality and equity. Equality is understood as the same rights, duties and opportunities offered to all, without distinction. In turn, equity is characterized by equality with justice, as it perceives and assists the subject based on their differences, attending to them fairly, according to the specificities of each individual.[1]

While this look at social issues is improved, it is also possible to identify the way in which social identity is formed and how invisibility to the needs of population segments becomes naturalized and enters the process of vulnerability and

minimization.[2] Within this, the health of the black population stands out, with a funneling for the health of black Brazilian women.

As a start, the figure of the black woman was forged not in the delicacy attributed to the female gender, but rather in stereotypes such as the hypersexualization and objectification of their bodies[3], in the overload of responsibilities[4] and in subalternity, so that the social imaginary around the image of the black woman inserts her in a divergent position from the white female society[5], in order to minimize a sensitizing look at her care.

In statistical terms, black women (brown and black) represent about 55.4% of the country's female population. With regard to the situation of violence, the percentage distribution is present in 55% of black women. In the same index, maternal mortality had its total percentage distribution in 54.3% (brown women) and 11.7% (black women).[6] In education, in 2019, black or brown women aged between 18 and 24 had an adjusted rate of net attendance at higher education of 22.3%, almost 50% lower than that recorded among white women (40.9%).[7]

In terms of social vulnerability in the country, black women are the most affected, representing 39.8% of extreme poverty and 38.1% among people in poverty.[3] In this relation,black women have less education, lower socioeconomic status and are at greater risk of becoming ill and dying.[7]

It is necessary to emphasize that although black women are the largest number of users of the Unified Health System (SUS), the evidence found shows precarious assistance, with a large number of these women not having access to quality service, resulting in cumulative and harmful effects on their lives' health.

We must highlight that the main risks include genetic conditions: sickle cell anemia and glucose 6-phosphate dehydrogenase deficiency; of social origin: infant mortality, parasitic diseases, septic abortions, malnutrition, violence, mental disorders, abuse of alcohol and other drugs. And the evolution is difficult to control: arterial hypertension, diabetes mellitus, coronary diseases, chronic renal failure, cancer and myoma.[8]

Faced with the demands of public policies aimed at the black population, the National Policy for Integral Health of the Black Population (PNSIPN), was instituted in 2009, admitting that the integral health of the black population should be promoted, considering that inequality in access and health care are consequences of unfair socioeconomic and cultural processes, emphasizing racism, which

corroborate the morbidity and mortality of the black population in the country.

Thus, its priority objective is to promote the integral health of this population, in order to prioritize the reduction of ethnic-racial inequalities and react against the structural racism and discrimination present in the SUS.[9]

With the creation of the policy, the survey of the points that influence the provision of assistance and the complications of black health, show the scenario that best presents expectations that facilitate the implementation of such public policies in the Brazilian territory, Primary Care (PC), which stands out for its facilitating role in the process of insertion in the community with proximity between the health team and family units, it is delimited in territories, being the gateway for redirection and health monitoring, in addition, with proximity created between PC and community, it is expected that it will be easier to identify population needs and vulnerabilities.[9-10]

To this end, the health professional, working in the PC area, with the capacity to engage and improve the quality of care for black women, is the professional nurse. This, from the Nursing Process, seeks to perform actions to contribute to the promotion, prevention, recovery and rehabilitation of the subject, family and community. In order to offer the user individual reception and qualified listening practices - through consultations, procedures, request for exams and prescriptions, according to protocols and clinical and therapeutic guidelines -, and collective through epidemiological surveillance, home visits and health education with the enrolled population.[10-11]

Thus, this study was based on the following guiding question: whichthe relationship of egalitarian and equitable care to black women in Primary Care?

This study aims to contribute to understanding and raising awareness about the importance of knowledge regarding the specificities of population groups, focusing on the health of black women, in order to instigate professionals and future professionals to understand how sociocultural impacts influence their training theoretical, critical and reflective and impact on the health-disease process of a society.

This research aims to analyze, based on the speeches of nurses working in the basic health network, the relationship of egalitarian and equitable care to black women in Primary Care.

METHOD

The study in question is an excerpt from the Course Completion Work entitled "Black women's health in primary care: discourse of family health strategy nurses.

It has a descriptive nature with a qualitative approach and was carried out in the AB of the municipality of Cajazeiras, in the state of Paraíba, Brazil. This city is part of the 4th Health Macroregion and the 9th Regional Health Management of Paraíba.

Seventeen nurses who make up the 23 Family Health Teams in the city of Cajazeiras, which currently form part of 19 Basic Health Units (UBS), were part of the study scenario.

The inclusion criterion used was working for more than twelve months as a nurse in the PHC, understanding that this is a satisfactory period to establish the link with the dynamics of this care scenario. The following exclusion criteria were adopted: being on vacation; on sick leave or away from work.

After applying the criteria, thirteen nursing professionals met the requirements for the interview, in which five refused to participate, claiming discomfort with the subject, lack of mastery and discomfort when conducting interviews. The total number of participants ended in eight nursing professionals who agreed to participate in the study.

Bearing in mind that, for the discourse analysis, the number of participants is not considered, but the in-depth analysis of the speeches given. The interviews ended when theoretical saturation occurred, as no new information was added.

Data collection took place between March and May 2017, with individual interviews and discursive and semi-structured questions focused on nurses' understanding of care equality and equity, and the applicability of these terms in their care routines.

The means of communication used to facilitate the scheduling process for the interviews was through the application for quick messages Whatsapp, with a standard text elucidating about the interview, the recording process, the participant's rights, time for the recordings, and suitable locations. As for the interviews, 75% of these took place at the participants' workplace, in the nursing offices located at the respective UBS, and 25% at the professional's residence.

After written authorization from the participants, the recording took place using a cell phone, with an average duration of eight minutes. Subsequently, each interview was listened to for transcription and analysis according to the chosen methodological process.

The analytical methodology used was Discourse Analysis (DA), which favors the recognition of language significance. It is from language that man forms and transforms his history. In this sense, DA evaluates not only what was

said, but also the conditions under which it was said, that is, language is influenced by its exteriority without ever ignoring its historicity.[12]

Thus, in this investigation, based on the DA, three steps were followed that favor the recognition of the significance of a discourse, namely: passage from the linguistic surface to the discursive object; passage from the discursive object to the discursive process and passage from the discursive process to ideological formation.[13]

The investigation was initiated after approval of the project by the Research Ethics Committee (CEP) of the Federal University of Campina Grande (UFCG), Cajazeiras campus, under opinion nº 2.012.785/2017 and CAAE 65779517.1.0000.5575. Participation in the research took place through the signature of the interviewee in the Free and Informed Consent Form (TCLE). All ethical and legal precepts brought in Resolution 466/2012 of the National Health Council were respected, where the anonymity of the participants was guaranteed, using the acronym ENF followed by the numbering according to the order of the interviews.

RESULTS

The Unified Health System (SUS) is based on principles and guidelines with the objective of promoting equality and equity in care, bringing these as key points for the development of sensitive health care, with less vulnerabilities and greater chances of resolution. During the discursive corpus, the confusion between the meanings between equal assistance and equitable assistance is notorious, where they are sometimes used as synonyms.

> *[...] So, regardless of whether she is black or white, she will be treated in the same way, care will be offered in the same egalitarian way.*(Nur 03)
> *[...] _ to differentiate black from white I, in my view, I don't think it's cool, so, the way I treat white, black, I treat everyone the same, black, white, lilac, what* ...*(Nur 05)
> *[...] _All the same! There aren't any*... neither more nor less... or that, let's suppose... / there are black women who are more/ are more // are // prone to having candidiasis, not that, right?*(Nur 06)

However, it was verified in the speeches below the possibility of a rupture in the reports that were already being reproduced by the other interviewees.

> *[...] _The professional, he works in an equal way, which is ideal / but that he also treats this population with the peculiarities that it has, but in an egalitarian way!*(Nur 04)
> *[...]_we know, for example, of some diseases that have a slightly higher incidence, a more difficult control in the black population, but unfortunately we end up treating them in the same way, which for us, sometimes seems like a way of not // not being prejudiced, but actually already being prejudiced, is the story of fairness, treating differently those who are different.*(Nur 07)

DISCUSSION

The discourse is not something that remains static, but rather, it is in constant movement and adaptation, reformulating itself according to the need, restructured from the environment, memory and ideology.[12]

With the passage from the discursive object to the discursive process, in the speeches presented, it is possible to identify a paraphrase of the saying related to “equality” for the provision of care. The paraphrase can be termed as the production of several sayings or speeches produced on top of what has already been said, reformulating the same saying, and can be classified as a matrix of meaning in which, without repetition, there is neither the support nor the sense of a discursive knowledge.[13]

The first discursive findings expose the misunderstandings between the terms equality and equity, in which equity is not mentioned as an integral part of care, and equality is used as a means of protection and to avoid different treatment among users. This difficulty in understanding both terms can also result in inefficient care and lapses when it comes to the health of black women.

The professional speeches show a pre-shaped knowledge by ministerial guides, knowledge that although it can be considered as a solid and safe base for working professionals, opens gaps for failures in sociological knowledge, also shows how the egalitarian assistance applicability hinders the critical-reflexive thinking process that considers the health of black women also subject to factors beyond the biological ones as determinants for the health-disease process.

Corroborating these findings, a study carried out in a multidisciplinary team points out the difficulty of articulating the social-practice when it comes to specific policies. In the speeches analyzed, the participating professionals affirm that there is no need for specific policies, mentioning that everyone is equal, raising the question that racial equality policies violate the principle of constitutionality, and universalist policies contemplate everyone equally.[14]

In Brazil, the poverty of sociological thought and reflection makes it difficult to deconstruct the still, erroneously widespread, thinking about "racial democracy" - which spreads equality of rights and duties, in such a way that one ethnic group does not stand out over the other, in order to coexist peacefully-, a country with a history of slavery and racism that maintains the ideology of social equality is hardly able to face itself as an integral part of racial discrimination, much less as a perpetuator of racist acts.[15]

It is emphasized during the speeches, as a quasi-protective measure, that the

treatments provided are carried out “in an equal way”, this practice highlights the lack of tact to identify the inequalities of assistance provided to the health of black women. Although brought within the policy itself and disseminated in scientific circles, the epidemiological cuts show that when it comes to raciality, considering black and brown women, health indicators demonstrate precarious conditions of care with avoidable complications of higher morbidity and mortality compared to non-black women.

Considering that each individual cannot be considered equally in health care, social justice is promoted by the application of equity in care in health areas. Its execution is intertwined with the sensitized look of the professional on the issues that make up black health[16], considering its uniqueness and the different needs, preventing the inefficiency of care delivery and guaranteeing a resolute and humanized service.[14]

Although the health of black women should not be reduced to their pregnancy-puerperal cycle, a finding that should not be ignored refers to the rate of maternal and child morbidity and mortality brought by the survey of the active ombudsman of the stork network, showing that for 100 thousand inhabitants in the In 2011, 68.8% were black women and 47% were black children, compared to 50.6% for white women and 38% for white children.[16]

The health problems of black women are often intrinsically related to the lack of resolution and care, evidenced by the lack of coherent and clarifying information and failures in the provision of care resulting in health problems, in addition to limitations in professional clinical knowledge.[17]

On the other hand, some of the speeches showed a break in the statements of care indifference, although there was still no explicit understanding of equitable statements, some nursing professionals were able to explain the need for care differentiation, and uniqueness for black women.

It is only in recent years that the black population has gained prominence in policy debates, as it presents great disparities when referring to individual and collective health conditions, based on the recognition of social, gender and race issues, especially PC, in the which the flexibility of this medium enables greater contact between professionals and users, being an ideal environment for the implementation of public policies, especially those that promote care equity.[14]

It is known that racism still represents a major barrier to reducing social inequalities, breaking this barrier can only occur with the mobilization of specific efforts for the black population.

Thus, not only the creation, but the implementation of unique public policies, professional preparation for sociocultural recognition and its impacts, development of a critical-reflective sense, is presented as a requirement in the construction of a country with greater social justice.[18]

To effect an equitable care planthey aretrained professionals with sensitivity and ability to develop actions targeting all the components that make up black health in Brazil are needed[19], when there is no preparation of professionals to work in black health, a tension develops that makes it difficult to manage care and effective strategies to the reduction of inequalities in the health of black women.

Therefore, the health of black women needs more effective action by health professionals, through the support, training and qualification of the Ministry of Health, showing themselves capable of providing quality care, considering the genetic specificities and conditioning factors and determinants of this population. Mainly in AB, which is the preferred gateway for health services.[20]

This demonstrates the need to develop the ideas of equity and difference without allowing policies that tend to unify differences in search of a standard to supersede the duty of meeting the needs of minority groups, whose characteristics make their pure and simple integration difficult in equality policies.[21]

In this way, it is demonstrated that for the real effectiveness of the equitable care of the nurse to the black woman, it is necessary to be prepared since their formation, in order to provide rupture in the gaps of common sense, helping the understanding about diversities and needs, considering ethnic, racial, cultural and social relations.

CONCLUSION

The trajectory of this study had the general objective of analyzing, based on the nurses' speeches, the relationship of egalitarian and equitable care to black women in Primary Care.

It was observed, based on the nurses' speeches, some confusion between egalitarian assistance and equitable assistance related to the health of black women, as well as difficulty in perceiving the importance of questioning social and cultural values within the health environment.

As a result of what was explained above, one can question the assistance provided in the PC scope by nurses, professional awareness of issues related to race, color, ethnicity and social situation, the perception that professionals do not understand the integrality and proportion

of subjectivity of an individual when questioned about the health of black women, shows the difficulty of inserting the importance of social reflexes in health care, manifesting ignorance of what exists behind a care practice.

However, in some still subtle speeches, a rupture emerged in the reports that were already being reproduced by the other interviewees. Demonstrating that a specific population should be treated in a unique way.

It is worth mentioning that the results obtained in this study have limitations, since it was difficult to dialogue with nursing professionals about the health of black women, due to the fear of talking about this topic and especially the fear of putting into practice socially the policy guidelines for black health, which can produce unsatisfactory social results, increasing risks and reducing assistance.

Finally, the results found in this research serve as subsidies for a future approach in the professional's academic training, so that, thus, the implementation of public policies and assistance to minority groups are carried out in a way that breaks down the barriers of common sense, so that the health of black women is debated, stimulated and brought to the light of discussions, in a way that helps the understanding of diversities and needs, considering ethnic, racial, cultural and social relations. More research is also needed that addresses the topic, encouraging health professionals to think, reflect and become an active subject in their own lives. collaboration and performance in any health environment.

REFERENCES

1. Ferreira AR, Gonçalves D. Políticas educativas em tempos de COVID em Portugal: que relação com a igualdade, equidade e inclusão em educação?. Revista Galega de Educación [Internet]. 2020 [citado em 16 fev 2023]. (N Esp): 49-52. Disponível em: http://repositorio.esepf.pt/bitstream/20.500.11796/2891/1/NUMEROESPECIAL_RGE_COVID_XUNHO2020.pdf

2. Oliveira BMC, Kubiak F. Racismo institucional e a saúde da mulher negra: uma análise da produção científica brasileira. Saúde Debate [Internet]. 2019 jul/set [citado em 11 fev 2021]; 43(122):939-48. Disponível em: https://www.scielosp.org/article/sdeb/2019.v43n122/939-948/pt/

3. Siqueira LMS, coordenadora. Dossiê: mulheres negras e justiça reprodutiva [Internet]. Rio de Janeiro: Criola; 2021 [citado em 10 out 2022]. 103 p. Disponível em: https://assets-dossies-ipg-v2.nyc3.digitaloceanspaces.com/sites/3/2021/10/DossieCriolaJusticaReprodutiva_compressed-1.pdf

4. Figueiredo A. Perspectivas e contribuições das organizações de mulheres negras e feministas negras contra o racismo e o sexismo na sociedade brasileira. Revista Direito e Práxis [Internet]. 2018 [citado em 10 out 2022]; 9(2):1080-99. Disponível em: https://www.scielo.br/j/rdp/a/WFgLzfG77DN7xhh8MLsHMvb/?format=pdf&lang=pt

5. Santos SP. Movimento de mulheres negras no brasil: rompendo com os

silenciamentos e protagonizando vozes. Revista de Ciências do Estado [Internet]. 2020 [citado em 10 out 2022]; 5(2):1-22. Disponível em: https://periodicos.ufmg.br/index.php/revice/article/view/24506/20285
6. Ministério da Mulher, da Família e dos Direitos Humanos (Brasil). Relatório anual socioeconômico da mulher 2020 [Internet]. Brasília, DF: Ministério da Mulher, da Família e dos Direitos Humanos; 2021 [citado em 17 fev 2023]. Disponível em: https://www.gov.br/mdh/pt-br/navegue-por-temas/politicas-para-mulheres/publicacoes-1/raseam2020.pdf
7. Instituto Brasileiro de Geografia e Estatística. Estatísticas de gênero: indicadores sociais das mulheres no Brasil [Internet]. 2. ed. Rio de Janeiro: IBGE; 2021 [citado em 16 fev 2023]. 12 p. (Estudos e Pesquisas. Informação Demográfica e Socioeconômica; n. 38). Disponível em: https://biblioteca.ibge.gov.br/visualizacao/livros/liv101784_informativo.pdf
8. Silva FCG, Alves APM, Lima GS, Garcez DC, Silva AS, Fevrier PR. A saúde da mulher negra em foco: análise da produção científica na BDTD. In: XX Encontro Nacional de Pesquisa em Ciência da Informação: a ciência da informação e a era da ciência de dados [Internet]; Florianopólis. Florianopólis: ENANCIB; 2019 [citado em 17 fev 2023]. 22 p. Disponível em: https://conferencias.ufsc.br/index.php/enancib/2019/paper/view/1340/608
9. Ministério da Saúde (Brasil). Política Nacional de Saúde Integral da População Negra: uma política para o SUS [Internet]. 3. ed. Brasília, DF: Ministério da Saúde, 2017. [citado em 18 fev 2021]. Disponível em: https://bvsms.saude.gov.br/bvs/publicacoes/politica_nacional_saude_integral_populacao.pdf
10. Ministério da Saúde (Brasil). Portaria nº 2.436, de 21 de setembro de 2017. Aprova a Política Nacional de Atenção Básica, estabelecendo a revisão de diretrizes para a organização da Atenção Básica, no âmbito do Sistema Único de Saúde (SUS) [Internet]. D.O.U. Brasília, DF, 21 set 2017 [citado em 18 fev 2021]. Seção 1, 183:68. Disponível em: https://www.in.gov.br/materia/-/asset_publisher/Kujrw0TZC2Mb/content/id/19308123/do1-2017-09-22-portaria-n-2-436-de-21-de-setembro-de-2017-19308031
11. Almeida MC, Lopes MBL. Atuação do enfermeiro na atenção básica de saúde. Revista de Saúde Dom Alberto [Internet]. 2019 jun [citado em 08 out 2022]; 4(1):169-86. Disponível em: https://revista.domalberto.edu.br/revistadesaudedomalberto/article/view/145/144
12. Silva RS, Silva GV, Bressanin JA. Entre paráfrase e polissemia: a movência dos sentidos e dos sujeitos em "*saímos do Facebook*". Entrepalavras [Internet]. 2017 ago/dez [citado em 23 fev 2021]; 7(2):229-42. Disponível em: http://www.entrepalavras.ufc.br/revista/index.php/Revista/article/view/764/456
13. Orlandi EP. Análise de discurso: princípios e procedimentos. 11. ed. Campinas: Pontes; 2013.
14. Santos JE, Santos GCS. Narrativas dos profissionais da atenção primária sobre a política nacional de saúde integral da população negra. Saúde Debate [Internet]. 2013 out/dez [citado em 23 fev 2021]; 37(99):563-70. Disponível em: https://www.scielo.br/pdf/sdeb/v37n99/a03v37n99.pdf
15. Silva MCC, Nascimento GDC. Racismo institucional: da perpetuação da discriminação racial, às formas de enfrentamento do grupo de trabalho de combate ao racismo do ministério público de Pernambuco. Braz. J of Develop. [Internet]. 2019 jul. [citado em 23 mar 2021]; 5(7):8737-62. Disponível em: https://www.brazilianjournals.com/index.php/BRJD/article/view/2297/2302
16. Theophilo RL, Rattner D, Pereira EL. Vulnerabilidade de mulheres negras na atenção ao pré-natal e ao parto no SUS: análise da pesquisa da Ouvidoria Ativa. Ciênc Saúde Colet. [Internet]. 2018.

[citado em 23 fev 2021]; 23(11):3505-16. Disponível em: https://www.scielo.br/pdf/csc/v23n11/1413-8123-csc-23-11-3505.pdf
17. Nascimento, SS. Saúde da mulher negra brasileira: a necessária intersecção em raça, gênero e classe. Cad CEAS. [Internet]. 2018 jan/abr [citado em 23 fev 2021]; (243):91-103. Disponível em: https://cadernosdoceas.ucsal.br/index.php/cadernosdoceas/article/view/450/360
18. Silva MAB. Racismo institucional: pontos para reflexão. Laplage em Revista (Sorocaba) [Internet]. 2017 jan/abr [citado em 21 mar 2021]; 3(1):127-36. Disponível em: https://www5.pucsp.br/nexin/artigos/download/racismo-institucional.pdf
19. Silva NN, Favacho VBC, Boska GA, Andrade EC, Merces NP, Oliveira MAF. Access of the black population to health services: integrative review. Rev Bras Enferm. [Internet]. 2020 [citado 21 mar 2021]; 73(4):e20180834. Disponível em: https://www.scielo.br/j/reben/a/nMTkjYhjBNwbqmQCDZNPKzM/?format=pdf&lang=pt
20.Tavares HHF, Moraes BA, Matias AG, Silva HBS, Bernardo LNG. Análise e perspectiva sobre a formação do profissional de saúde para o atendimento à mulher negra. Extension: Revista Eletrônica de Extensão. 2018 [citado em 10 out 2022]. 15(28):19-28. Disponível em: https://periodicos. ufsc.br/index.php/extensio/article/view/1807- 0221.2018v15n28p19/36391
21. Siqueira SAV, Hollanda E, Motta JIJ. Equity promotion policies in health for vulnerable groups: the role of the Ministry of Health. Ciênc Saúde Colet. [Internet]. 2017 [citado em 06 mar 2021]; 22(5):1397-1406. Disponível em: https://www.scielosp.org/pdf/csc/2017.v22n5/1397-1397/en

RECEIVED: 03/28/21
APPROVED: 02/03/23
PUBLISHED: 03/2023