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Social determinants of health, breastfeeding, and reducing health inequities

Determinantes sociais da saúde, aleitamento materno e diminuição das iniquidades em saúde

Determinantes sociales de la salud, la lactancia materna y la reducción de las inequidades en salud

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Abstract
Reflection study that aimed to present the Social Determinants of Health (SDH) and discuss its relationship with breastfeeding and its ability to contribute to the reduction of health inequities, based on the concept of SDH proposed by the World Health Organization. Two thematic axes guided the discussions and reflections: "SDH" and breastfeeding" and "Breastfeeding as a strategy to reduce health inequities. Understanding the relationship of SDH in BF is extremely important for collective health and contributes to the effectiveness of breastfeeding; encouragement of women's empowerment and protagonism; guarantee of their health rights and that of their children; and in professional training. Considering this relationship in the training of health professionals can contribute to improving breastfeeding rates, reducing inequities in health, and improving maternal and child health in the Brazilian population.
Keywords: Breastfeeding; Social Determinants of Health; Health.

Resumo
Estudo de reflexão teórica que objetivou apresentar os Determinantes Sociais da Saúde (DSS) e discorrer sobre sua relação com o aleitamento materno e sua capacidade de contribuir para a diminuição das iniquidades em saúde, fundamentado no conceito de DSS proposto pela Organização Mundial da Saúde. Dois eixos temáticos nortearam as discussões e reflexões: "DSS e aleitamento materno" e "Aleitamento materno como estratégia para a diminuição das iniquidades em saúde. Compreender a relação dos DSS no AM é de extrema importância para a saúde coletiva e contribui para a efetivação do aleitamento materno; estímulo ao empoderamento e protagonismo da mulher; garantia de seus direitos em saúde e de seus filhos; e na capacitação profissional. Considerar essa relação na formação dos profissionais de saúde pode contribuir para a melhorar dos índices de amamentação, diminuir as iniquidades em saúde e qualificar a saúde materno-infantil da população brasileira.
Palavras-chave: Aleitamento Materno; Determinantes Sociais da Saúde; Saúde.

Resumen
Estudio de reflexión teórica que tuvo como objetivo presentar los Determinantes Sociales de la Salud (DSS) y discutir su relación con la lactancia materna y su capacidad para contribuir a la reducción de las inequidades en salud, a partir del concepto de determinantes sociales de la salud propuesto por la Organización Mundial de la Salud. Dos ejes

temáticos guiaron las discusiones y reflexiones: "DSS y lactancia materna" y "La lactancia materna como estrategia para reducir las inequidades en salud. Comprender la relación de los DSS en la lactancia materna es extremadamente importante para la salud colectiva y contribuye a la eficacia de la lactancia materna; fomento del empoderamiento y protagonismo de las mujeres; garantía de sus derechos a la salud y la de sus hijos; y en la formación profesional. Considerar esta relación en la formación de los profesionales de la salud puede contribuir a mejorar las tasas de lactancia materna, reducir las inequidades en salud y mejorar la salud materno infantil en la población brasileña.
Palabras clave: Lactancia Materna; Determinantes sociales de la salud; Salud.

1. Introduction

Breastfeeding (BF) is a practice with several benefits for the health of the children and mothers and, consequently, for families and society. Due to its benefits, the World Health Organization (WHO) and the Ministry of Health of Brazil (MH) recommend exclusive breastfeeding for the first six months of a child's life and complemented until the age of two or more (Brasil, 2015).

However, although there are several strategies to increase its practice, the global BF rates do not reach this recommendation (Victora et al., 2016). In Brazil, only 37% of children are exclusively breastfed until the sixth month of life, a rate below that recommended by the WHO, which is at least 50% (Brasil, 2015; Pérez-Escamilla, 2017; Boccolini et al., 2017).

The BF patterns identified around the world are very heterogeneous when compared between countries, within each country, or even within each region and city (Victora et al., 2016). This finding demonstrates that BF is not restricted to biological determinism and the factors that determine it are not uniform, indicating the influence of the physical environment and the social context on this practice (Matare et al., 2019). In this sense, as it is a complex phenomenon with multiple associated factors, understanding the social determinants of BF becomes necessary to contribute to actions to encourage the practice according to each context (Boccolini, 2012).

The WHO defines social determinants of health (SDH) as the conditions in which people live and work. In Brazil, the National Commission on Social Determinants of Health defines these determinants as the "social, economic, cultural, ethnic/racial, psychological and behavioral factors that influence the occurrence of health problems and their risk factors in the population" (Buss & Pellegrini, 2007).

Therefore, the health of a given population does not have a random determination and can be the result of the relationships between its individuals and the social factors to which it is inserted. That is, in a given area, different individual characteristics (such as socioeconomic status) and contextual characteristics (such as the environment) can affect the health of the population (Boccolini, 2012; Pozo 2014)). Thus, we can say that the SDH include the most general cultural and environmental conditions of a population and are related to the living and working conditions of each person, such as housing, basic sanitation, work, health, and education, also covering the provision of social and community support networks to which individuals have access (Batistella, 2007).

Thus, a major challenge for understanding the social determinants of health is to organize, in a hierarchical manner, the general factors of a social, economic, and political nature, which interfere with individual health, since this determination is not simply the direct relationship between cause and effect, but rather a "process". Also, another challenge is to distinguish which social determinants of health specifically affect individuals and which affect groups and populations, since some factors that explain individual health differences may not explain group or population differences (Buss & Pellegrini), 2007).

In the case of BF, for example, Brazilian epidemiological studies show great variation in magnitude and effect of individual factors associated with this practice, such as maternal age, education, income, type of delivery, among others. Breastfeeding patterns in different Brazilian regions are quite heterogeneous, and cannot be explained only by the sum of individual factors (Boccolini, 2012).

Therefore, understanding the social determinants in the context of BF is important to contribute to actions and strategies that leverage its indexes and improve this practice.

Given the health inequities experienced by the population, the need to improve BF rates, and the still tenuous knowledge about how the SDH influence their practice, we justify this study that aimed to present the SDH and discuss its relationship with BF and its ability to contribute to the reduction of health inequities.

2. Methodology

This is a study of theoretical reflection with a methodological approach based on the reference on SDH proposed by the WHO (World Health Organization, 2011) and which considered the scientific literature and recommendations/guidelines on the subject to build theoretical knowledge and understand the relations between the SDH and the BF.

From this, we elaborated two thematic axes that guided the discussions and reflections: 1) "SDH and breastfeeding" and 2) "Breastfeeding as a strategy to reduce health inequities".

3. Results and Discussion

The thematic axes are presented below:

1) SDH and breastfeeding

Several models seek to explain and outline the web of relationships between the factors that determine health conditions and that can cause health inequities.

The WHO model includes structural and intermediate determinants of health. According to this model, the structural determinants are those that generate social stratification, that is, socioeconomic positions within the structure of access to resources. Such determinants are characterized by the distribution of income, gender, ethnicity or disabilities, and the political and governance structures that maintain inequities related to economic conditions. Intermediate determinants are related to living conditions, marked by psychosocial, behavioral, and/or biological aspects, and to the health system (World Health Organization, 2011).

Several variables have been identified as determinants for BF. In a global context, the factors that influence BF vary according to the level of development of countries. As an example, we observed that the duration of BF is shorter in high-income countries than in low-income and middle-income countries. Additionally, within countries, women with lower purchasing power tend to breastfeed for longer than wealthier ones, especially in middle-income countries. Breastfeeding is considered one of the few positive health behaviors that are more frequent in people from economically disadvantaged classes. Education also determines contrasts, as in high-income and middle-income countries, women with better education tend to breastfeed longer (Victora et al., 2016).

Therefore, breastfeeding SDH includes a variety of historical, socioeconomic, cultural, and individual factors that operate at multiple levels and interfere with women's decisions and behavior about breastfeeding (Victora et al., 2016). Some SDH is identified as favorable to breastfeeding such as structural, scenario, and individual factors. All of them are directly and indirectly influenced by the media, policies, and social support, interfering mainly with the initiation and continuation of breastfeeding (Rollins et al., 2016).

Structural factors are those characterized by being more distal such as the sociocultural and market context. Scenario factors are intermediate such as health, work, family, and community services. Finally, individual factors are the most intimate such as the attributes of the mother and child and their relationships (Rollins et al., 2016).

In Brazil, Boccolini and collaborators developed a hierarchical theoretical model contributing to the understanding of the social determinants of exclusive BF. These authors listed the factors associated with exclusive breastfeeding, organized in different layers, ranging from the most distal to the most proximal of the individual (Boccolini, Carvalho & Oliveira, 2015).

In this model, distal factors correspond to household and maternal characteristics, representing socioeconomic factors and maternal experience. Intermediate factors are classified as distal and proximal. Thus, the distal intermediate factors relate to the characteristics of pregnancy and prenatal care, showing the access to health services and can be determined by the maternal socioeconomic situation. On the other hand, the proximal intermediate factors show the characteristics of childbirth care, maternal characteristics, and characteristics of the newborn, which can represent both access to qualified services and the conditions of the woman and the baby to carry out breastfeeding. However, proximal factors are shown by the characteristics of women and families, characteristics of babies and characteristics of health services, keeping a relationship with access to information, women's work, difficulties in breastfeeding, family support, and quality of health services that women have access. (Boccolini, Carvalho & Oliveira, 2015).

Thus, it is evident that the practice of breastfeeding has a biological aspect and also a sociocultural aspect that is consistent with the ideologies and determinants resulting from the conditions of each woman, according to her life context (Budiati & Setyowati, 2019).

2) Breastfeeding as a strategy to reduce health inequities

The ambiguity between breastfeeding and weaning is associated at all times with economic and social variables, generating a clash between health and disease, depending on the reality experienced by each woman. In this sense, we also highlight the importance of understanding the determinants of BF to reduce health inequities.

Health inequities are systematic differences in health status or the distribution of health resources among different population groups. These inequalities have significant social and economic costs for both individuals and societies and from the social conditions in which people are born, grow, live, work and get old (World Health Organization, 2018).

According to Margareth Whitehead's (1992) definition, health inequities, in addition to being systematic and relevant, also refer to unnecessary and avoidable differences that are at the same time considered unfair and undesirable.

Thus, multiple dimensions are considered to understand health inequalities with the economic, social, gender and ethnic dimensions being the most present (Pozo, 2014; World Health Organization, 2008).

According to the WHO, health inequities could be reduced with the right combination of government policies (World Health Organization, 2018). Thus, to combat them, it is necessary to know the living and working conditions of the different population groups in each territory, relating these conditions with the general SDH of society and with the specific determinants of each individual. Furthermore, it is essential to develop policies and programs that can contribute to the understanding of SDH and that help in decision-making based on the diagnosis of the determinants (Batistella, 2007). Thus, we should state that pro-breastfeeding actions can help to reduce health inequities and promote equity.

The practice of breastfeeding is essential for achieving the Sustainable Development Goals (SDGs). Launched by the United Nations (UN) in 2015, the SDGs comprise 17 goals to be achieved by 2030, which involve ending poverty, reducing hunger, improving gender equality, promoting sustainability, growth economic, health, and well-being, and reducing all forms of violence and related deaths everywhere, among others (United Nations, 2015).

Consequently, breastfeeding is directly or indirectly associated with all the SDGs, being essential for the achievement of the first, second, and third objectives, which include, respectively, the eradication of poverty; zero nutrition and hunger; and maternal and child health and well-being (United Nations, 2015). In addition, breastfeeding influences cognitive development and the increase of human capital, which can contribute to the achievement of the fourth SDG, which deals with quality

education; as well as for the fifth SDG that refers to gender equality, considering that BF is a great equalizer that allows each child a fair and better start in life, in addition to being a unique right of women in which they must be supported by society (United Nations, 2015; Özilice & Güna, 2018; Katsinde & Sriniva, 2016).

We also need to reflect that women who breastfeed and are supported by their bosses are more productive and loyal to their jobs and that BF helps to bridge the gap between the richest and poorest population, in addition to breast milk is a natural source of nutrition and sustenance, healthy, viable, sustainable and non-polluting or degrading the environment. As a result, breastfeeding also includes the eighth, tenth, and twelfth SDGs, which concern economic growth, the reduction of inequalities, and responsible consumption and production (United Nations, 2015; Özilice & Güna, 2018; Katsinde & Sriniva, 2016).

Therefore, the understanding of the social determinants of BF is of vital importance for public health, insofar as it provides subsidies for the elaboration and improvement of public policies and programs for the promotion, protection, and support of BF, enabling the reduction of health inequities. The organization of BF determinants in a hierarchical manner about proximity to women enables the identification of the variables to be worked on as a priority in the search for improved care for this practice.

Thus, the identification and analysis of SDH constitute strategies for formulating policies and health care aimed at the proper implementation of the Baby-Friendly Hospital Initiative (BFHI) in Brazilian public hospitals (Uchoa et al., 2021). The BFHI was proposed by the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) in 1990, implemented in Brazil in 1992, to promote, protect and support breastfeeding (BF) through the Ten Steps to the Success of Breastfeeding (Unicef, 2008).

It is important to consider that UNICEF and WHO launched a global call (Global Breastfeeding Collective) to increase the world rate of exclusive breastfeeding by at least 50% by 2025 (United Nations Children's Fund & World Health Organization, 2017). According to this call, seven actions in favor of breastfeeding must be implemented, including increasing funding, adoption of the International Code of Marketing of Milk Substitutes, promotion of maternity and paternity leave, implementation of the “Ten Steps to the success of BF”, access to qualified counseling, an increased partnership between health services and the community and monitoring of actions.

Considering the determinants listed for the Brazilian context, actions such as those of the Global Breastfeeding Collective can have an impact on the mentioned factors, from the most proximal to the most distal, and, therefore, should be encouraged to be implemented locally and nationally.

This study brings contributions to public health by providing elements that add knowledge to the literature in the area for a better understanding of social determinants of health in breastfeeding and that should be addressed in the exercise and planning of actions by health professionals, as well as in the development of public policies in favor of breastfeeding, to guarantee the right to breastfeeding and improvements in breastfeeding standards in Brazil.

4. Final Considerations

Understanding the relationship of SDH in BF and how they can contribute to the reduction of health inequities encourages reflection on the practices of health professionals and their work process, favoring the effectiveness of BF, stimulating empowerment and the role of women, and the guarantee of their rights in health and of their children.

In addition, it enables to rethink professional training to meet the needs of breastfeeding women, their babies, and their families according to each context and to provide continuous, comprehensive, and individualized care.

Considering the SDH in BF care and the training of health professionals can contribute to making breastfeeding a comfortable and satisfactory process for women, improving breastfeeding rates, reducing health inequities, and, consequently,

qualifying health maternal and child health in the Brazilian population.

Our reflections contribute to new demands and achievements of future studies of national scope. A broad approach that considers the SDH and breastfeeding in the different regions of Brazil is necessary, given the social, demographic, and economic differences of a country with continental dimensions.

References

Batistella C. (2007). Abordagens contemporâneas do conceito de saúde. In Fonseca, A. F. & Corbo, A. M. D. (Orgs). *O território e o processo saúde-doença* (pp. 51-86). Rio de Janeiro: EPSJV/Fiocruz.

Boccolini, C. S. (2012). *AM: determinantes sociais e repercussões na saúde infantil* (Tese (Doutorado). https://www.arca.fiocruz.br/bitstream/icict/23062/1/713.pdf

Boccolini, C. S., Carvalho, M. L. & Oliveira, M. I. C. (2015). Fatores associados ao AM exclusivo nos primeiros seis meses de vida no Brasil: revisão sistemática. *Revista de Saúde Pública*, 49(91), 1-16.

Boccolini, C. S., et al. (2017). Breastfeeding indicators trends in Brazil for three decades. *Rev Saúde Pública (Online)*, 151(108), 9.

Brasil (2015). Ministério da Saúde. Secretaria de Atenção à Saúde, Departamento de Atenção Básica. *Saúde da criança: aleitamento materno e alimentação complementar*. 2. ed.

Budiati, T. & Setyowati, T. B. (2019). The influence culture and maternal care on exclusive breastfeeding practice in post caesarean section mothers. *Enferm Clin*., 29(Suppl 2), 808-14.

Buss, P. M. & Pellegrini Filho, A. (2007). A saúde e seus determinantes sociais. *Physis*, 17(1), 77-93.

Katsinde, S. M. & Sriniva, S. C. (2016). Breast feeding and The Sustainable Development Agenda. *Indian Journal of Pharmacy Practice*, 9(3), 144-46.

Matare, C. R. et al. (2019). Barriers and Opportunities for Improved Exclusive Breast-Feeding Practices in Tanzania: Household Trials With Mothers and Fathers. *Food Nutr Bull*, 40(3), 308-25.

Organização Mundial da Saúde (OMS) (2011). *Diminuindo diferenças: a prática das políticas sobre determinantes sociais da saúde: documento de discussão*. Conferência Mundial sobre os Determinantes Sociais da Saúde. https://www.who.int/sdhconference/discussion_paper/Discussion_Paper_PT.pdf

Özilice, Ö. & Güna, T. (2018). Breastfeeding and sustainable development. İzmir Dr. *Behçet Uz Çocuk Hastanesi Dergisi*, 8(1), 1-7.

Pozo, J. S. (2014). Las desigualdades sociales en salud: um reto para las políticas públicas. *Zerbitzuan*, 55(1), 47-63.

Pérez-Escamilla, R. (2017). Breastfeeding in Brazil: major progress, but still a long way to go. J. *Pediatr (Rio J)*,93(2), 107-10.

Rollins, N. C. et al (2016). Why invest, and what it will take to improve breastfeeding practices? *The Lancet*, 387(10017), 491-504.

Uchoa, J. L. et al (2021). Influência dos determinantes sociais da saúde no contato pele a pele entre mãe e recém-nascido. *Rev. bras. enferm*., 74 (suppl 4), 1-10.

Fundo das Nações Unidas para a Infância (Unicef) (2008). *Iniciativa Hospital Amigo da Criança: revista, atualizada e ampliada para o cuidado integrado: módulo 1: histórico e implementação*. Fundo das Nações Unidas para a Infância.

United Nations. (2015). *Transforming our World: The 2030 Agenda for Sustainable Development*. https://sdgs.un.org/2030agenda

United Nations Children's Fund & World Health Organization. (2017). *Nurturing the Health and Wealth of Nations: The Investment Case for Breastfeeding.* https://www.who.int/nutrition/publications/infantfeeding/global-bf-collective-investmentcase.pdf?ua=1

Victora, C. G. et al (2016). Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect. *The Lancet*, 387(10017), 475-90.

Whitehead, M. (1992). The concepts and principles of equity in health. *International Journal of Health Services*, 22 (3), 429-445.

World Health Organization (2008). Commission on Social Determinants of Health. *Closing the gap in a generation: Final Report*. https://www.who.int/social_determinants/final_report/csdh_finalreport_2008.pdf

World Health Organization (2018). *Health inequities and their causes*. https://www.who.int/news-room/facts-in-pictures/detail/health-inequities-and-their-causes