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Prevalence of exclusive breastfeeding in infants aged 0 to 6 months in the mesoregions of Minas Gerais: an analysis of Sisvan data (2015-2022)

Prevalência do aleitamento materno exclusivo em lactentes de 0 a 6 meses nas mesorregiões de Minas Gerais: uma análise dos dados do Sisvan (2015-2022)

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ABSTRACT

Introduction: Breast milk is the only recommended food source for infants under six months, being essential for physical, emotional, and intellectual development, in addition to reducing the risk of diseases in childhood and adulthood. **Objective:** To describe the prevalence of exclusive breastfeeding (EBF) in children aged 0 to 6 months monitored by the Food and Nutrition Surveillance System (Sisvan) between 2015 and 2022, considering the mesoregions of Minas Gerais. **Method:** This is a time-trend study based on secondary data from Sisvan. EBF was identified through the Food Consumption Marker. **Results:** The sample included 209,951 children from 591 municipalities. During the analyzed period, there was an increase in the number of monitored municipalities across all mesoregions, as well as in the total number of children followed by the system. The prevalence of EBF showed non-linear growth. In the periods of 2016-2017 and 2019-2020, most mesoregions recorded an increase in EBF practice. However, between 2020 and 2021, the highest number of mesoregions showed a decline in EBF prevalence. **Conclusions:** The study showed an increase in the number of municipalities monitored and children evaluated, and the prevalence of exclusive breastfeeding presented non-linear variations over the years investigated.

KEYWORDS: Food and Nutrition Surveillance; Maternal and Child Health; Public Health; Breastfeeding

RESUMO

Introdução: O leite materno é a única fonte alimentar recomendada para bebês menores de seis meses, sendo essencial para o desenvolvimento físico, emocional e intelectual, além de reduzir o risco de doenças na infância e na vida adulta. **Objetivo:** Descrever a prevalência do aleitamento materno exclusivo (AME) em crianças de 0 a 6 meses acompanhadas pelo Sistema de Vigilância Alimentar e Nutricional (Sisvan) entre 2015 e 2022, considerando as mesorregiões de Minas Gerais. **Método:** Trata-se de um estudo de tendência temporal, baseado em dados secundários do Sisvan. O AME foi identificado por meio do Marcador de Consumo Alimentar. **Resultados:** A amostra incluiu 209.951 crianças de 591 municípios. No período analisado, houve um aumento no número de municípios monitorados em todas as mesorregiões, bem como no total de crianças acompanhadas pelo sistema. A prevalência do AME apresentou um crescimento não linear. Nos períodos de 2016-2017 e 2019-2020, a maioria das mesorregiões registrou aumento na prática do AME. No entanto, entre 2020-2021, observou-se o maior número de mesorregiões com queda na prevalência do AME. **Conclusões:** O estudo evidenciou aumento no número de municípios monitorados e de crianças avaliadas, e a prevalência de AME apresentou variações não lineares ao longo dos anos investigados.

PALAVRAS-CHAVE: Vigilância Alimentar e Nutricional; Saúde Materno Infantil; Saúde Coletiva; Aleitamento Materno

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INTRODUCTION

Breastfeeding (BF) is a fundamental right for both the mother and the child, as evidenced by the statement in the Dietary Guidelines for Brazilian Children[1]. This statement reaffirms the crucial importance of breastfeeding, ensuring that all children have access to this essential food. Breast milk (BM), produced by the mammary glands in females, is not limited to a nutritional need but plays a vital role in strengthening the emotional bond between mother and child. Recognized as the ideal food, BM is recommended by the World Health Organization (WHO) and the Ministry of Health (MOH) as the sole form of feeding during the first six months of life and should be continued, whenever possible, until at least two years of age[2].

In this sense, breastfeeding represents a comprehensive and free infant feeding strategy, offering economic benefits to families, as it is the only food capable of providing all the necessary nutrients and antibodies for infants under six months of age[1]. In addition to providing protection against respiratory infections, ear infections, obesity, high blood pressure, high cholesterol, leukemia, allergies, and other conditions, breastfeeding promotes the proper development of the child's gut, skin, and oral microbiota, not to mention that it has been shown to significantly reduce the number of infant deaths[1,3]. It also contributes decisively to emotional and cognitive development, enhancing these infants' intelligence, in addition to helping prevent the onset of various diseases in adulthood[1]. Furthermore, this dietary source also offers benefits for the mother, such as prevention of breast cancer, uterine cancer, hypercholesterolemia, hypertension, coronary heart disease, obesity, osteoporosis, rheumatoid arthritis, and postpartum depression, among others[3].

Despite the benefits of recommended breastfeeding, 2024 WHO data reveal that approximately 52.0% of children under six months of age worldwide still do not receive this essential nutrition. Although these figures are concerning, they are approaching the global target set by the WHO, which aims to reach 50.0% of children exclusively breastfed (EBF)[4]. In 2019, the National Study on Child Feeding and Nutrition (Enani-2019) in Brazil revealed that approximately 96.2% of children under two years of age had been breastfed at least once. However, the prevalence of EBF among children under six months was 45.8%, a rate below the global average. Within Brazil, a higher prevalence was observed in the South and Southeast regions, with the lowest rates of EBF recorded in the Northeast. The average duration of EBF was three months[5]. These figures reveal that, despite its benefits, breastfeeding still faces challenges in becoming established in the country, influenced by economic and social factors within the mother-child relationship. In this regard, several factors can hinder extended breastfeeding or contribute to early weaning. Among these are the lack of encouragement from health professionals to practice extended breastfeeding, the mother's lack of knowledge about the importance of breast milk, pacifier use, returning to work or school, nipple trauma and pain, the mother's low level of education, and the child's increasing age[6]. Another factor that also influences the decision to breastfeed is the information disseminated on social media. Although there is a wealth of information on the internet regarding exclusive breastfeeding that aligns with government agency recommendations, this information is unfortunately mixed with data that is missing, inconsistent, partially consistent, or contradictory on this topic[7].

In this context, the Food and Nutrition Surveillance System (Sisvan) fulfill the role of monitoring the dietary and nutritional profile of Brazilians through the collection, organization, and consolidation of data[8]. This data is entered by Primary Health Care (PHC) managers based on data collected by PHC teams, such as during routine home visits, visits to comply with the requirements of the Bolsa Família Program (PBF), or activities under the Health in Schools Program (PSE)[9]. In 2008, nutritional surveillance was enhanced with the implementation of Sisvan Web, which allowed for the entry of anthropometric data, as well as food consumption indicators, not only by managers but also by PHC team members, in addition to the generation of public reports regarding the collected information[9]. Thus, these data help identify locations and populations where children are in more vulnerable nutritional conditions, enabling the development of more targeted interventions in this area, including public programs and policies to encourage exclusive breastfeeding, as well as monitoring the progress of strategies already developed, contributing to the strengthening of exclusive breastfeeding, and identifying dietary practices that threaten child health[2,8].

Given this, it is essential to identify the barriers to adherence to exclusive breastfeeding to formulate hypotheses and intervention strategies aimed at ensuring exclusive breastfeeding, promoting child health, and, through primary prevention, contributing to improved quality of life and reduced public health costs in Brazil. Thus, this study aimed to describe the prevalence of exclusive breastfeeding among children aged 0 to 6 months monitored by Sisvan between 2015 and 2022, according to mesoregions in the state of Minas Gerais.

METHOD

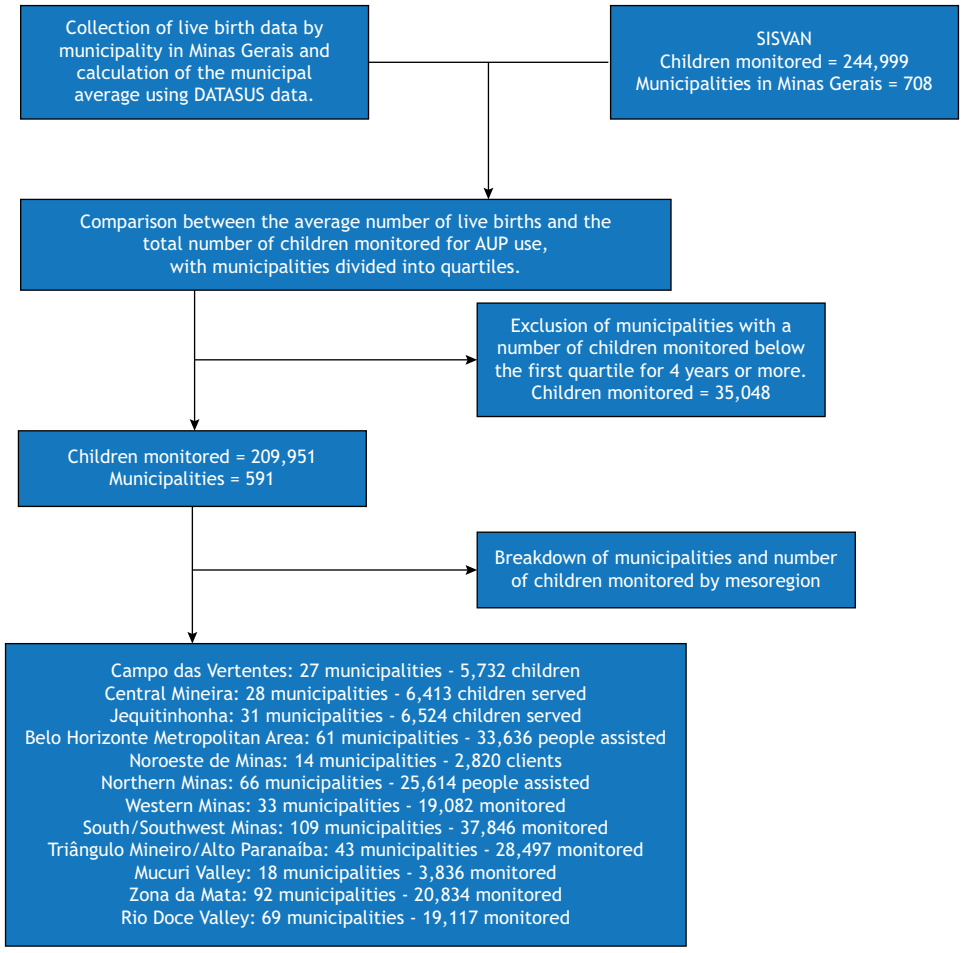
This is a population-based temporal trend study conducted using secondary data from public reports on the Sisvan Web regarding municipalities in the state of Minas Gerais between 2015 and 2022. Data collection took place between March and April 2024. The sample consisted of 209,951 children under 6 months of age, across all years. All children receiving primary healthcare services in the state of Minas Gerais were considered eligible. To minimize research bias, municipalities with a follow-up rate below 8.74% relative to the average live birth rate in the respective years—in four or more of the analyzed years—were excluded from the analysis. Initially, the number of live births per municipality in the state of Minas Gerais for

the years was collected from the Live Birth Monitoring Panel of the Integrated Health Surveillance Platform (Datasus). Concurrently, information was collected from Sisvan regarding the feeding patterns of infants under 6 months of age between 2015 and 2022. Subsequently, after calculating the average number of live births for each municipality, the respective values were compared with the total number of children under follow-up who were on AME during the period and then divided into quartiles. It should be noted that, in this initial stage, there were discrepancies regarding the total number of municipalities in Minas Gerais identified by the Brazilian Institute of Geography and Statistics (IBGE) and the number of cities with complete data in Sisvan and Datasus; thus, of the 853 municipalities in the state, 17.0% of them—that is, 145 municipalities—could not be evaluated in the study due to a lack of available information. Next, the evaluated cities that had follow-up values below the first quartile (8.74) of the four or more of the analyzed years were excluded from the analysis. Using these criteria, there was a sample loss of approximately 14.2% (n = 35,048) of the children from the 708 evaluated municipalities. Consequently, this study included 591 municipalities subdivided, according to the IBGE, into 12 mesoregions of the state: Campo das Vertentes, Central Mineira, Jequitinhonha, Belo Horizonte Metropolitan Area, Northwest Minas, North Minas, West Minas, South/Southwest Minas, Triângulo Mineiro/Alto Paranaíba, Mucuri Valley, Zona da Mata, and Rio Doce Valley, as described in Figure 1.

The AME was assessed using the Sisvan food consumption indicator, considering the section pertaining to children under six months of age, based on the question: "Did the child breastfeed yesterday?"[10].

Finally, the analyses were performed *using* Excel and *the Statistical Package for the Social Sciences* (SPSS), and the results for each year and mesoregion were expressed in absolute (n) and relative (%) values.

The study was not submitted to the Human Research Ethics Committee because it involved the use of information available in a public-domain database. Nevertheless, the provisions of National Health Council Resolution No. 466/12, which regulate research involving humans, were observed.



Source: Author's own compilation, 2025.
UPA: ultra-processed foods.

Figure 1. Flowchart illustrating the methodology of this study.

RESULTS

In total, 591 municipalities had AME records for children aged 6 to 23 months. Regarding the municipalities evaluated by mesoregions, between 2015 and 2016 there was an increase in the number of municipalities included in all mesoregions. Among these, the South/Southwest region showed the greatest increase in the number of municipalities included, notably from 2015 to 2016, totaling the inclusion of 69 municipalities. In contrast, the Northwest mesoregion of Minas Gerais had the lowest number of included municipalities, with a change between 2015 and 2018 of only nine municipalities, as shown in Table 1.

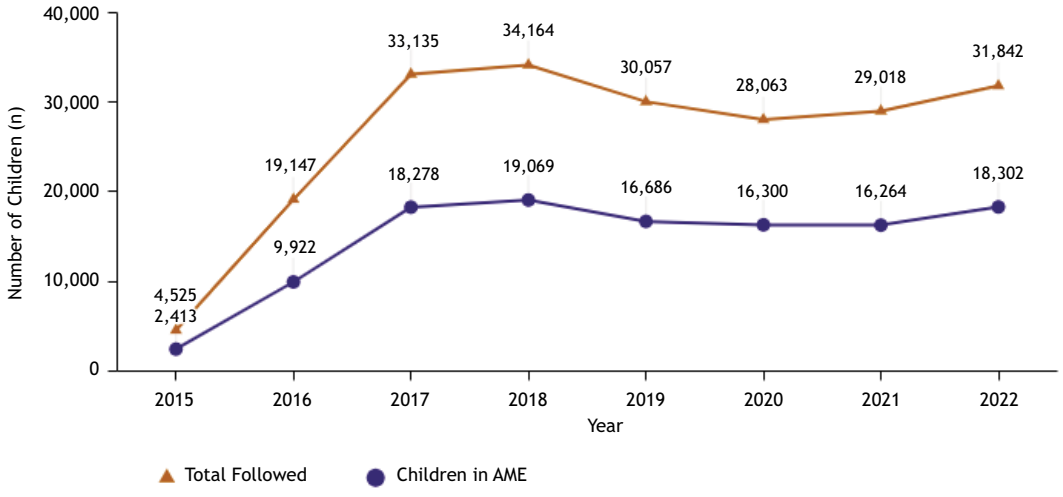
When evaluating the total number of children monitored across the municipalities in the selected mesoregions, as well as the number of children in AME, it was found that, from 2015 to 2018, there was an increase in the number of children monitored, with a decline between 2019 and 2020, followed by a return to growth in 2021. Regarding AME, there was an increase in the number of children between 2015 and 2018, followed by a decline from 2019 to 2021, with growth resuming in 2022, as shown in Figure 2.

Over the years, an increase in the number of children under care was observed in all mesoregions. However, the prevalence

Table 1. Description of municipalities by mesoregions of the state of Minas Gerais, monitored by Sisvan in the years 2015-2022.

Variable	% (n)*							
Region	2015	2016	2017	2018	2019	2020	2021	2022
Campo das Vertentes	3.2 (5)	4.1 (21)	4.3 (25)	4.6 (27)	4.5 (26)	4.6 (26)	4.6 (27)	4.7 (27)
Central Mineira	5.2 (8)	4.2 (22)	4.7 (27)	4.8 (28)	4.8 (28)	4.7 (27)	4.8 (28)	4.7 (27)
Jequitinhonha	5.8 (9)	6.0 (31)	5.4 (31)	5.3 (31)	5.3 (31)	5.3 (30)	5.3 (31)	5.4 (31)
Belo Horizonte Metropolitan Area	11.0 (17)	10.0 (52)	10.2 (59)	10.3 (60)	10.3 (60)	10.7 (61)	10.4 (61)	10.4 (60)
Northwest Minas	2.6 (4)	1.9 (10)	2.2 (13)	2.0 (12)	2.2 (13)	1.9 (11)	2.2 (13)	2.3 (13)
Northern Minas	11.0 (17)	12.4 (64)	11.4 (66)	11.3 (66)	11.3 (66)	11.0 (63)	11.2 (66)	11.4 (66)
Western Minas	5.2 (8)	6.0 (31)	5.5 (32)	5.6 (33)	5.7 (33)	5.8 (33)	5.6 (33)	5.5 (32)
South/Southwest of Minas	18.1 (28)	18.7 (97)	18.7 (108)	18.5 (108)	18.3 (107)	18.6 (106)	18.3 (108)	18.4 (106)
Triângulo Mineiro/Alto Paranaíba	7.7 (12)	7.5 (39)	7.4 (43)	7.4 (43)	7.0 (41)	7.1 (41)	7.3 (43)	7.0 (41)
Mucuri Valley	5.0 (8)	3.5 (18)	3.1 (18)	3.0 (18)	3.0 (18)	3.0 (17)	3.0 (18)	3.1 (18)
Zona da Mata	8.4 (13)	14.7 (76)	15.5 (90)	15.6 (91)	15.8 (92)	15.6 (89)	15.6 (92)	15.3 (88)
Vale do Rio Doce	16.8 (26)	11.0 (57)	11.6 (67)	11.6 (68)	11.8 (69)	11.7 (67)	11.7 (69)	11.8 (68)
TOTAL	100.0 (155)	100.0 (518)	100.0 (579)	100.0 (585)	100.0 (584)	100.0 (571)	100.0 (589)	100.0 (577)

Source: Author's own calculations, 2025.
*: Percentages (%) and absolute numbers (n), corresponding to the total number of municipalities with records in Sisvan for each year.



Source: Author's own work, 2025.

Figure 2. Prevalence of children exclusively breastfed relative to the total number monitored by Sisvan in the years 2015-2022, by mesoregions of Minas Gerais.

Table 2. Prevalence of children aged 0-6 months who are exclusively breastfed relative to the total number monitored by Sisvan in the years 2015-2022, by mesoregions of Minas Gerais.

Variable	% (n)*							
Regions	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**	**2021**	**2022**
Campo das Vertentes	54.9 (71)	48.3 (557)	54.3 (1,070)	56.5 (934)	61.3 (684)	63.0 (797)	65.6 (692)	53.1 (927)
Central Mineira	58.6 (391)	50.0 (580)	53.3 (1,179)	45.1 (959)	42.8 (809)	47.2 (797)	45.5 (754)	48.9 (944)
Jequitinhonha	51.6 (157)	60.8 (806)	54.8 (932)	65.1 (1,004)	56.0 (900)	57.9 (730)	52.2 (934)	57.4 (1,061)
Metropolitan	58.0 (953)	55.5 (2,943)	58.0 (6,008)	56.4 (6,116)	53.7 (4,967)	57.7 (4,257)	56.0 (4,256)	57.2 (4,136)
Northwest Minas	47.9 (96)	52.2 (253)	56.7 (425)	44.3 (377)	50.6 (447)	51.2 (387)	48.8 (383)	50.7 (452)
Northern Minas	56.1 (239)	55.6 (1,879)	57.5 (3,263)	60.3 (4,772)	62.8 (4,403)	64.7 (2,969)	63.2 (3,618)	65.1 (4,471)
Western Minas	58.3 (569)	48.2 (1,928)	51.9 (2,961)	51.4 (2,657)	51.8 (2,101)	56.2 (2,651)	55.7 (2,705)	55.2 (3,510)
South/Southwest of Minas	51.9 (937)	52.1 (4,119)	55.5 (6,536)	55.0 (5,734)	58.8 (5,222)	59.1 (5,159)	56.7 (5,033)	65.8 (5,106)
Triângulo Mineiro/Alto Paranaíba	42.8 (257)	54.4 (2,193)	60.4 (4,060)	65.4 (4,642)	60.6 (4,269)	63.4 (4,917)	60.8 (4,225)	58.9 (3,934)
Mucuri Valley	52.6 (188)	44.7 (371)	48.9 (709)	47.5 (562)	46.7 (557)	45.8 (590)	46.9 (475)	52.1 (384)
Zona da Mata	50.3 (157)	46.5 (1,814)	49.7 (3,310)	50.9 (3,401)	51.8 (3,222)	53.2 (2,669)	49.9 (2,921)	49.7 (3,340)
Vale do Rio Doce	43.9 (510)	46.1 (1,704)	50.3 (2,682)	48.1 (3,006)	43.5 (2,476)	50.3 (2,140)	50.0 (3,022)	49.0 (3,577)

Source: Author's own calculations, 2025.
*: Percentages (%) and absolute numbers (n), corresponding to the total number of exclusively breastfed children (EBF) relative to the number of children monitored by Sisvan in each year.

of AME varied non-linearly between 2015 and 2022, with periods of growth and decline. Between 2015 and 2016, the prevalence of AME increased in five regions and decreased in seven. From 2016 to 2017, 11 regions saw an increase, while only one recorded a decrease. From 2017 to 2018, there was an increase in five regions and a decrease in seven. From 2018 to 2019, six regions saw an increase and six saw a decrease in prevalence. Between 2019 and 2020, 11 regions again recorded an increase, with only one decrease. From 2020 to 2021, only two regions saw an increase, while ten showed a decrease. Finally, between 2021 and 2022, seven regions recorded an increase and five a decrease. The overall analysis of the 12 mesoregions revealed a pattern of fluctuations over the years. The largest increases in SSA prevalence occurred between 2016-2017 and 2019-2020, while the largest decrease was observed between 2020-2021 (Table 2).

DISCUSSION

The study revealed an increase in the number of municipalities and children monitored over the years. Regarding the variation in the prevalence of SMA, a nonlinear fluctuation was observed in the 12 mesoregions over the analyzed years. The largest increase in the prevalence of SMA occurred between 2016-2017 and 2019-2020. As for decreases, the year with the largest drop in the prevalence of SMA was 2020-2021.

In this study, the prevalence of AME increased in all mesoregions except for the Jequitinhonha and Vale do Mucuri mesoregions, which saw a decrease in 2016-2017 and 2019-2020, respectively. From this same perspective, the in the Vale do Mucuri mesoregion fluctuated over the respective years, showing an increase (2015-2016) and a decrease (2019-2020). This result indicates that these regions experiencing fluctuations face significant challenges in accessing specialized medical care for children in this age group, which can lead to inequalities in child health care. Therefore, these areas require more targeted public policies, investment in health infrastructure, and professional training to ensure that all infants have adequate access to this type of care. In this way, it will be possible to reduce regional disparities, ensuring the well-being and health of children, promoting more equitable access to specialized medical care, and contributing to the overall improvement of child health in the state. This reality is discussed by Rodrigues et al.[11], who demonstrated that the Jequitinhonha Valley and Mucuri mesoregions had worse health indicators, highlighting the need for strategies to identify these deficits and intervene to improve the quality of child health care in these areas[11].

From the same perspective, the increase in the prevalence of exclusive breastfeeding in the other regions can be explained by the development of public policies to encourage exclusive breastfeeding. In 2016, Law No. 13,257, dated March 8, established the Legal Framework for Early Childhood, promoting policies to support breastfeeding and comprehensive child development[12]. The designation of "Golden August" in 2017 reinforced awareness of the importance of breastfeeding[13]. Thus, it is understood that these actions contributed to the increase in rates of children in exclusive breastfeeding over the years[14,15]. Furthermore, it is hypothesized that the higher prevalence of exclusive breastfeeding may stem from greater coverage by the Family Health Strategy (ESF). The studies by Andrade et al.[16], Giovanella et al.[17], and Pereira et al.[18]

highlighted that in localities with greater ESF household coverage, the families being monitored have greater access to health professionals and, consequently, receive more guidance on the correct management and techniques of exclusive breastfeeding, as well as encouragement to avoid early weaning. Thus, broader coverage by the ESF service is associated with a reduction in disparities in access to health services among historically more vulnerable populations with low income and lower coverage by private health care, in line with the goal of equity in access to health services[16,17,18]. Furthermore, another possibility is that these mesoregions have greater access to more qualified health professionals, who monitor mothers and infants more closely, providing guidance on the practice of exclusive breastfeeding and minimizing the chances of early weaning. This finding was highlighted in another study, where the authors observed a higher prevalence of exclusive breastfeeding among mothers who were advised on the importance of exclusive breastfeeding for infants up to six months of age and how to practice it properly[19].

In contrast, declines in exclusive breastfeeding practices can be attributed to socioeconomic and cultural factors, such as low maternal education, duration of prenatal care, quality of information on exclusive breastfeeding provided during consultations, and maternal participation in the labor market[20,11]. In this regard, mothers with lower levels of education do not receive complete and adequate guidance on EBF; furthermore, due to a lack of knowledge, they do not attend prenatal visits as recommended by the Ministry of Health, which interferes with women's care not only before but also after childbirth[20,11]. Furthermore, the amount of time a woman spends at work and the presence of support for exclusive breastfeeding in the workplace influence the continuation of this practice among mothers who work outside the home. Thus, mothers with an educational level equivalent to high school or higher and with access to maternity leave, or those who work in environments that encourage exclusive breastfeeding, are more likely to exclusively breastfeed their babies until six months of age, whereas women with lower levels of education have higher rates of early introduction of complementary foods to their children, mainly due to a lack of guidance on this subject; furthermore, because they begin prenatal care later, they have fewer appointments and, consequently, breastfeed for a shorter period[20,11].

Between 2020 and 2021, a reduction in the prevalence of exclusive breastfeeding was observed in most of the mesoregions evaluated (ten mesoregions). This finding can be attributed to the COVID-19 pandemic period, during which there was a decrease in demand for health services, as well as a reduction in the number of follow-up visits, since these services had their primary focus on containing the virus in the municipalities. A study by Silvério et al.[21] showed that through the adoption of social isolation measures to prevent COVID-19 transmission, along with other strategies such as the reorganization of health facilities to better accommodate those affected by the pandemic, there was reduced participation by the population in other areas of healthcare, such as consultations and treatment for chronic diseases[21]. In this regard, it is hypothesized that such monitoring was also reduced regarding data collection on AME in the municipalities, as social distancing measures reduced both the monitoring of children at health clinics and the home visits conducted by health professionals[9,21].

This study highlights the substantial increase in the prevalence of AME in most mesoregions observed between 2021 and 2022, compared to previous years. This can be explained by changes in the targets and parameters analyzed by Previne Brasil in 2021, a federal government program established in 2019, which determines financial transfers to municipalities based on weighted funding, performance-based payments, and incentives for strategic actions[22]. The changes in targets and parameters in 2021 regarding the determination of municipal transfers enhanced the performance of health indicators in Primary Care and encouraged the development of strategic health actions, facilitating data collection by Sisvan, as well as improving the performance of care teams at this level of health care and, consequently, the standards of services provided[22,23].

The limitations of this study stem from the use of secondary data from various federal and state sources, which are subject to errors in data collection, reporting, and data entry; furthermore, the fact that Brazilian census data is outdated means that data collection relies on estimates provided by the IBGE. However, in recent years, there has been an increase in Sisvan's coverage as updates have been made to the food consumption marker, with the aim of making it more accessible to healthcare professionals, so that any professional in primary and secondary care is able to apply it, thereby avoiding data- tion bias, as well as improving the system through the integration of information in a single location, preventing rework by professionals[24]. The study by Ricci et al.[24] identified an improvement in the use of Sisvan, with total population coverage increasing from 0.20% in 2015 to 0.92% in 2019. It is hypothesized that this increase can be attributed to the alignment of dietary intake markers with the recommendations of the Dietary Guidelines for the Brazilian Population[24]. Furthermore, the simplification of data entry—based on the previous day's consumption information—facilitated its use by all primary care health workers. The integration between the e-SUS APS and Sisvan *Web* systems was also an important factor, as it prevents rework by professionals through a single data entry point in PHC services, encouraging increased population coverage regarding dietary intake information[24]. However, despite these advances, maintaining low coverage and the failure to enter data into Sisvan remain challenges[9]. These problems are attributed to the work overload of PHC professionals, the lack of adequate training, data entry errors, the length of the registration form, and even difficulty accessing the internet[24]. These obstacles highlight the need to

overcome various challenges to ensure adequate coverage for the Brazilian population.

Regarding its potential, this study is relevant for identifying the prevalence of exclusive breastfeeding among children under six months of age in each mesoregion of the state of Minas Gerais, highlighting the true magnitude of this issue. Furthermore, the study contributes to the development of hypotheses and intervention plans aimed at ensuring breastfeeding for all infants in this age group. Thus, by focusing primarily on primary prevention, the study aims to promote improvements in the health of the state's children and, consequently, that of its future population.

CONCLUSIONS

This study reveals a significant increase in the number of municipalities evaluated and an increase in the number of children monitored by Sisvan, reflecting an expansion in the monitoring of EBF prevalence. The analysis of AME prevalence over the study period showed variations, with significant increases in several mesoregions, although some divergent trends were observed. These data are essential for identifying the factors that influence AME, providing a basis for the adoption of public policies and strategies that promote this practice more uniformly across the state.

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Contributions of the authors

Frois LF, Silveira LVM, Costa LM, Rodrigues LP, Teixeira LG: Conception, planning (study design), data collection, analysis, interpretation, and writing of the manuscript. All authors approved the final version of the manuscript.

Conflict of Interest

The authors declare that there is no potential conflict of interest with peers, institutions, politicians, or financial entities related to this study.

Conflict of Interest

Authors have no potential conflict of interest to declare, related to this study's political or financial peers and institutions.

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