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INTERGENERATIONAL TRANSMISSION BETWEEN QUILOMBOLA MOTHERS AND DAUGHTERS: REPRODUCTIVE AUTONOMY AND INTERVENING FACTORS

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ABSTRACT

Objective: to analyze reproductive autonomy in quilombola women and the intervening factors of intergenerational transmission between mothers and daughters.
Method: a cross-sectional and analytical study developed with 160 women, mothers and daughters from quilombola communities in the municipality of Vitória da Conquista, Bahia. The National Health Survey questionnaire was used to verify sociodemographic characteristics and intervening factors; and the Reproductive Autonomy Scale was also employed. The Chi-square, Mann-Whitney and Wilcoxon tests were applied. The data were analyzed by means of simple and multiple linear regression.
Results: the group of mothers presented higher frequency of women that are married or live with a partner (66.2%), who worked (51.2%) and who had higher incomes (358.00 ± 663.00). The daughters presented more years of study (10.50 ± 5.00). Reproductive autonomy and intergenerational transmission between mothers and daughters mainly occur in the Absence of coercion (ICC=0.70; p=0368) and Communication (ICC=0.69; p=0694) domains. The mother's age (β-adjusted=-0.027; p=0.039) and the daughter's skin color/race (β-adjusted=0.423; p=0.049) were intervening factors in intergenerational transmission related to Decision-making, associated with the mother's age and with the daughter's self-recognition as black-skinned.
Conclusion: the daughters do not follow the same choice as their mothers, which can be understood due to greater accessibility to reproductive planning services and increased schooling levels. Intergenerational transmission among quilombolas presents important specificities for reproductive decisions and enables a better understanding of the information and qualification of the health professionals' assistance in the care provided to these women.

DESCRIPTORS: Ethnic groups. Autonomy. Gender. Family relationships. Women.

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TRANSMISSÃO INTERGERACIONAL ENTRE MÃES E FILHAS QUILOMBOLAS: AUTONOMIA REPRODUTIVA E FATORES INTERVENIENTES

RESUMO

Objetivo: analisar a autonomia reprodutiva em mulheres quilombolas e os fatores intervenientes da transmissão intergeracional entre mães e filhas.
Método: estudo transversal e analítico desenvolvido com 160 mulheres, mães e filhas de comunidades quilombolas do município de Vitória da Conquista, Bahia. Utilizou-se o questionário da Pesquisa Nacional de Saúde para verificar características sociodemográficas e fatores intervenientes; e a Escala de Autonomia Reprodutiva. Foram aplicados testes qui-quadrado, Mann-Whitney e Wilcoxon. Os dados foram analisados através de regressão linear simples e múltipla.
Resultados: o grupo das mães apresentou maior frequência de mulheres casadas ou com companheiro (66,2%), que trabalhavam (51,2%) e maior renda (358,00 ± 663,00). As filhas apresentaram mais anos de estudo (10,50 ± 5,00). A autonomia reprodutiva e a transmissão intergeracional entre mães e filhas ocorrem, sobretudo, nos domínios Ausência de Coerção (CCI=0,70; p=0368) e Comunicação (CCI=0,69; p=0694). A idade da mãe (β-ajustado=-0,027; p=0,039) e cor/raça da filha (β-ajustado=0,423; p=0,049) foram fatores intervenientes na transmissão intergeracional relacionada a Tomada de Decisão, associados a menor idade da mãe e ao autorreconhecimento da filha como negra.
Conclusão: as filhas não acompanham a mesma escolha das mães, o que pode ser entendido por uma maior acessibilidade aos serviços de planejamento reprodutivo e aumento nos níveis de escolaridade. A transmissão intergeracional entre quilombolas apresenta especificidades importantes para decisões reprodutivas e possibilita melhor entendimento das informações e qualificação da assistência dos profissionais de saúde no cuidado com essas mulheres.

DESCRITORES: Grupos Étnicos. Autonomia. Gênero. Relações familiares. Mulheres.

TRANSMISIÓN INTERGERACIONAL ENTRE MADRES E HIJAS QUILOMBOLAS: AUTONOMÍA REPRODUCTIVA Y FACTORES INTERVINIENTES

RESUMEN

Objetivo: analizar la autonomía reproductiva en mujeres quilombolas y los factores intergeneracionales de transmisión entre madres e hijas.
Método: estudio transversal y analítico desarrollado con 160 mujeres, madres e hijas de comunidades quilombolas de la ciudad de Vitória da Conquista, Bahía. Se utilizó el cuestionario de la *Pesquisa Nacional de Saúde* para verificar las características sociodemográficas y los factores intervinientes; y la Escala de Autonomía Reproductiva. Se aplicaron las pruebas de Chi-cuadrado, Mann-Whitney y Wilcoxon. Los datos se analizaron mediante regresión lineal simple y múltiple.
Resultados: el grupo de madres presentó mayor frecuencia de mujeres casadas o con pareja (66,2%), que trabajaban (51,2%) y tenían mayores ingresos (358,00 ± 663,00). Las hijas presentaron más años de escolaridad (10,50 ± 5,00). La autonomía reproductiva y la transmisión intergeneracional entre madres e hijas ocurren especialmente en los dominios Ausencia de Coerción (CCI=0,70; p=0368) y Comunicación (CCI=0,69; p=0694). La edad de la madre (β-ajustada=-0.027; p=0.039) y la etnia / raza de la hija (β-ajustada=0.423; p=0.049) fueron factores que intervinieron en la transmisión intergeneracional relacionada con la Toma de Decisiones, asociada a una menor edad de la madre y al autorreconocimiento de la hija como negra.
Conclusión: las hijas no siguen la misma opción que sus madres, lo que puede explicarse debido a la mayor accesibilidad a los servicios de planificación reproductiva y mayores niveles de educación. La transmisión intergeneracional entre quilombolas presenta importantes especificidades para las decisiones reproductivas y permite una mejor comprensión de la información y la calificación de la asistencia de los profesionales de la salud en el cuidado de estas mujeres.

DESCRIPTORES: Grupos étnicos. Autonomía. Género. Relaciones familiares. Mujeres.

INTRODUCTION

People living in quilombola communities are characterized by their ethnicity, consanguinity relationships, familiarity and heritage of Africans who were enslaved. Daily life reveals a context of struggles and claims for land ownership with exploration in an individual and collective way, right to work, health care and equality, in the Brazilian territory[1].

In this context, socialization is considered a tool for the formation of people's and family's identity, primarily mother and father, and constitutes the initial basis for this socialization that is permeated by gender, race, nationality, sexuality and class, among other aspects[2].

Cultural socialization refers to the development processes by which children learn about the stories and traditions of a culture, acquire cultural beliefs and values and develop positive attitudes in relation to this culture, which occurs almost exclusively with the efforts of the mothers/fathers to teach and maintain their culture as heritage for their daughters/sons[3].

The relationships in the context in which the child develops are essential for the transmission of content in a transgenerational way. In this sense, intra-family education is devoted to transmitting a framework of values that facilitates their social development[4].

Thus, we can reinforce that the effects of family cultural socialization are more consistent when compared to peer socialization, suggesting that the mothers/fathers are central agents of socialization and shape the racial/ethnic identity of their daughters/sons following the cultural values[3].

The scientific literature points out, in an expressive way, that parenting is a relevant characteristic of culture and an important system for the transmission of cultural values and behaviors across the generations, because it believes that caregivers are present in the everyday activities, choices, judgments and decisions that they are instructed to make in relation to their daughters/sons[5].

Among the decisions made by the women, we can mention those related to their reproductive life. Reproductive autonomy is seen as a basic human right for a dignified and essential life; however, women still encounter obstacles to exercise this autonomy and freedom; and one of the difficulties is related to their sociodemographic characteristics[6], namely: age, religion, marital status, schooling level and skin color/race[7].

Marked by sexist and patriarchal characteristics, the division between what belongs to the man and what would be proper to the woman is still transmitted and reinforced as a culturally determined value. Gender stereotypes are still present in family nuclei and the perpetuation of these models exerts an impact on the way in which the current generations understand and mean parenthood, as well as how daughters and sons will reproduce and exercise motherhood and fatherhood in future generations[4].

A number of studies show that it is in the family environment that the most significant violations of women's rights to their reproductive autonomy occur and that these happen in conditions of gender, class and cultural inequalities[8], even in cultural contexts that accept male dominance and the patriarchal norms[9].

The realization of women's reproductive autonomy points to the importance of deepening the discussion, especially aimed at population groups with greater socioeconomic vulnerability[10], as is the case of quilombola women. The culture of the quilombola communities is based on social and cultural norms and may be passed on from mothers to daughters in various aspects, due to issues related to sexism, patriarchy and gender.

Considering the importance of the theme involving the intergenerational relationship between mothers and daughters and reproductive autonomy, this study aimed at analyzing reproductive autonomy in quilombola women and the intervening factors of intergenerational transmission between mothers and daughters.

METHOD

A cross-sectional and analytical study conducted in quilombola communities in the municipality of Vitória da Conquista-Bahia, located in the center of the Identity Territory of Southwest Bahia (*Território de Identidade do Sudoeste Baiano*, TISB).

The choice for the municipality is due to the fact that it belongs to the Identity Territory of Southwest Bahia with a number of quilombola communities with their own cultural characteristics.

In the municipality of Vitória da Conquista, we have 23 quilombola communities certified by the Palmares Cultural Foundation, namely: Boqueirão, Corta Lote, Baixa Seca, Lagoa de Melquíades, Quatis dos Fernandes, Lagoa dos Patos, São Joaquim de Paulo, Furadinho, Alto da Cabeceira, Lagoa Maria Clemência, Batalha, Lagoa do Arroz, Ribeirão do Paneleiro, Lagoa de Vitorino, Cachoeira do Rio Pardo, Sinzoca, Laranjeiras, Barreiro do Rio Pardo, São Joaquim do Sertão, Barrocas, Cachoeira das Araras, Lamarão and Cachoeira dos Porcos[11].

Due to the COVID-19 pandemic and to logistical difficulties, it was not possible to carry out a population census involving all the communities in this municipality. The impossibility to access the record of the number of families per quilombola community also precluded the use of a probabilistic sample. Thus, it was decided to conduct the research in only nine communities, using a non-probabilistic convenience sample that included women who met the following inclusion criteria: women of reproductive aged from 18 to 49 years old; mothers and daughters from a quilombola community certified by the Palmares Cultural Foundation in the municipality of Vitória da Conquista, who authorized the visits for data collection and signed the Free and Informed Consent Form (FICF). The women (mothers and/or daughters) who did not live in the community at the time were excluded, as well as those who presented cognitive or psychiatric diseases that could hinder their understanding of the data collection instrument, and those who, for some reason, did not complete the interview.

Seeking to provide greater territorial representation, the municipality was divided into Axes (Axis 1 – Central Quadrant; Axis 2 – North Quadrant; Axis 3 – Midwest Quadrant; and Axis 4 − South Quadrant). Subsequently, the nine communities were drawn, obeying proportionality by axis, resulting in the selection of the following communities: Ribeirão do Paneleiro, Barrocas, Boqueirão, Sinzoca, Lagoa dos Patos, Laranjeiras, São Joaquim do Sertão, Lagoa Maria Clemência and Lagoa de Melquíades.

The initial approach was made with the Council of Quilombola Associations of the Territory of Southwest Bahia (*Conselho das Associações Quilombolas do Território do Sudoeste Baiano*, CAQSUB), participating in meetings with the presence of leaders representing each community in this territory. This approach was important, as it established trust and partnerships with the women leaders of each community, allowing a link between the researcher and the research participants.

These meetings in the communities studied were scheduled in advance with the leaders of these communities after contacting the women to be interviewed. The days and times were established according to the availability of the study population for each community. This partnership was extremely relevant and necessary to develop the research.

The community leaders carried out a survey of the quilombola women (mothers and daughters) who met the research inclusion criteria and, from there, visits were made to their respective homes, where invitations were made to the quilombola women with a convenient time and day schedule for application of the data collection instruments.

Considering that there was no refusal, all women from the nine selected communities who met the inclusion criteria comprised the sample. Thus, the study sample consisted of 160 quilombola women (80 mothers and 80 daughters): two from Ribeirão do Paneleiro, 24 from Barrocas, 26 from Boqueirão, two from Sinzoca, 10 from Lagoa dos Patos, 14 from Laranjeiras, 12 from São Joaquim do Sertão, 38 from Lagoa de Maria Clemência and 32 from Lagoa de Melquiades.

The data were collected between July 2019 and March 2020, through individual interviews conducted by the researcher together with quilombola leaders from each community studied. Two instruments were used for data collection, as described below:

The first instrument, the questionnaire adapted from the National Health Survey[12], was used to consider, as independent variables, the sociodemographic characteristics related to the women (age, marital status, schooling level, self-reported skin color/race, whether they are currently working, individual income, religion).

The second was the Reproductive Autonomy Scale[13], which was culturally adapted for application in Brazilian women and showed good reliability[14]. All the information about the structure, items, psychometric properties and the way in which the Reproductive Autonomy Scale scores are calculated can be found in a study previously published by our research group[14].

Briefly, the Reproductive Autonomy Scale consists of 14 items and is subdivided into three subscales: (i) "Decision-making" (four questions), (ii) "Absence of coercion" and (iii) "Communication" (where ii and ii consist of five questions).

For each of the three subscales, a mean score is counted, with higher scores indicating higher levels of reproductive autonomy. However, to calculate the score of the "Absence of coercion" subscale, it is necessary to invert the score of the items since the questions of this construct are inverted (that is, contrary to reproductive autonomy)[13].

The data were tabulated in Excel 2010 spreadsheets. Descriptive statistical procedures were used to express the results as absolute and relative frequencies, means or medians, and standard deviations or interquartile ranges. Normality of the quantitative variables was verified using the Kolmogorov-Smirnov test.

To compare the sociodemographic characteristics between mothers and daughters, the chi-square test was used for the qualitative variables and the Mann-Whitney test for the quantitative variables. In order to assess intergenerational transmission of reproductive autonomy, each daughter was paired with her mother and then the Wilcoxon test was used to compare the scores between mothers and daughters. The Intraclass Correlation Coefficient (ICC) and the Bland and Altman method[15] were used as agreement measures.

The agreement degree by the ICC was interpreted as follows: ICC < 0.40=poor agreement; 0.40 ≤ ICC < 0.75=satisfactory to good agreement; ICC ≥ 0.75=excellent agreement[16]. Simple and multiple linear regression analyses were conducted to assess possible intervening factors of intergenerational transmission in constructs of reproductive autonomy where no evidence of mother-to-daughter transmission was observed.

The multiple model was constructed using the *backward* method, whereby all the sociodemographic characteristics assessed (independent variables) were initially incorporated into the model and, subsequently, the variables with the highest alpha (α) values were removed one by one until the minimum value of 0.10 was reached. Thus, all the independent variables that reached α ≤ 0.10 were kept in the final model for adjustment purposes.

The significance level adopted in the study was 5% (α=0.05) and all the analyses were performed in IBM SPSS Statistics for Windows (IBM SPSS. 21.0, 2012, Armonk, NY: IBM Corp.) and MedCalc version 9.1.0.1 (2006, Mariakerke, Belgium).

The research was based on the ethical precepts that govern Resolution No. 466/2012 of the National Health Council. After approval by the Ethics and Research Committee, data collection was initiated, and the participants were initially informed about the research objectives, the guarantee of privacy and confidentiality of the information, the right to withdraw at any time without any prejudice and their voluntary contribution. There being no refusals, all signed the Free and Informed Consent Form.

RESULTS

The sociodemographic characteristics verified in the 80 mothers and 80 daughters included in the study are described in Table 1. The group of mothers presented higher frequency (66.2%) of women who were married or lived with a partner, who were currently working (51.2%) and who had higher individual monthly incomes (median=358 reais *vs.* 130 reais). These differences between the proportions were statistically significant when compared to the group of daughters.

It is observed that, among working mothers, the work activities that stand out the most are as follows: farmer (41.25%), maid (16.5%) and day laborer (6.25%); among the working daughters, the most reported activities were maid (15%), nanny (7.5%) and farmer (6.25%). The monthly source of income for the mothers and daughters refers to work and to the *Bolsa Família* program.

On the other hand, the daughters had more years of study (10.50 years), and no statistical differences were observed between mothers and daughters in relation to skin color/race and religion.

As for the self-declared skin color/race, two classifications were obtained, which are white- and black-skinned, with the latter representing the number of women who self-declared as black- and brown-skinned. With regard to religion, in the Non-Catholic category we considered the other answers that were: No religion and Evangelical religion.

Table 1 – Differences between the proportions of mothers and daughters participating in the study, according to sociodemographic characteristics. Vitória da Conquista, BA, Brazil, 2020. (n=160)

Variable	Mother	Daughter	p-value†
	Median ± IQR/n (%)	Median ± IQR*/n (%)	
Age (years old)	44.00 ± 7.00	21.50 ± 5.00	<0.001
Marital status			
Single/Without partner	27 (33.8)	47 (58.8)	0.003
Married/With partner	53 (66.2)	33 (41.2)	
Years of study	3.00 ± 2.00	10.50 ± 5.00	<0.001
Skin color/Race			
White	8 (10.0)	5 (6.2)	0.563
Black	72 (90.0)	75 (93.8)	
Currently working			
Yes	41 (51.2)	26 (32.5)	0.025
No	39 (48.8)	54 (67.5)	
Individual/Monthly income (R$)	358.00 ± 663.00	130.00 ± 440.00	0.005
Religion			
Non-Catholic	12 (15.0)	11 (13.8)	1.000
Catholic	68 (85.0)	69 (86.2)	

*IQR=Interquartile Range; †Mann-Whitney test (age, years of study and income) and chi-square test (marital status, skin color/race, currently working and religion).

Table 2 presents the comparisons between mothers and daughters and the Intraclass Correlation Coefficient (ICC) for the reproductive autonomy scores. The analyses indicated that there was no statistical difference in the reproductive autonomy scores between mothers and daughters, both in terms of the three dimensions of the scale (Decision-making, Absence of coercion and Communication)

and in terms of total reproductive autonomy. Despite this, through the ICC, it was observed that there was lack of agreement between mothers and daughters for the Decision-making dimension (ICC-0.22), while for the Absence of coercion (ICC-0.70), Communication (ICC-0.69) and Total score (ICC-0.71) constructs, statistically significant agreement was verified from satisfactory to good.

Table 2 – Distribution of Means ± SD, p-value and ICC, among the mothers and daughters participating in the study, according to variables of the reproductive autonomy subscale. Vitória da Conquista, BA, Brazil, 2020. (n=160)

Sub-scale	Mother	Daughter	p-value†	ICC (95%CI)‡
	Mean ± SD*	Mean ± SD*		
Decision-making	2.52 ± 0.37	2.55 ± 0.34	0.498	0.22 (-0.22 – 0.50)
Absence of coercion	3.36 ± 0.62	3.44 ± 0.51	0.368	0.70 (0.53 – 0.81)
Communication	3.09 ± 0.62	3.12 ± 0.59	0.694	0.69 (0.52 – 0.80)
Total	3.02 ± 0.36	3.07 ± 0.32	0.089	0.71 (0.55 – 0.82)

*SD=Standard Deviation; †Wilcoxon test; ‡ICC=Intraclass Correlation Coefficient; 95%CI=95% Confidence Interval.

The Bland-Altman analysis showed lower agreement on reproductive autonomy between mothers and daughters for the Decision-making dimension and greater agreement for the Absence of coercion, Communication and Total score constructs (Figure 1).

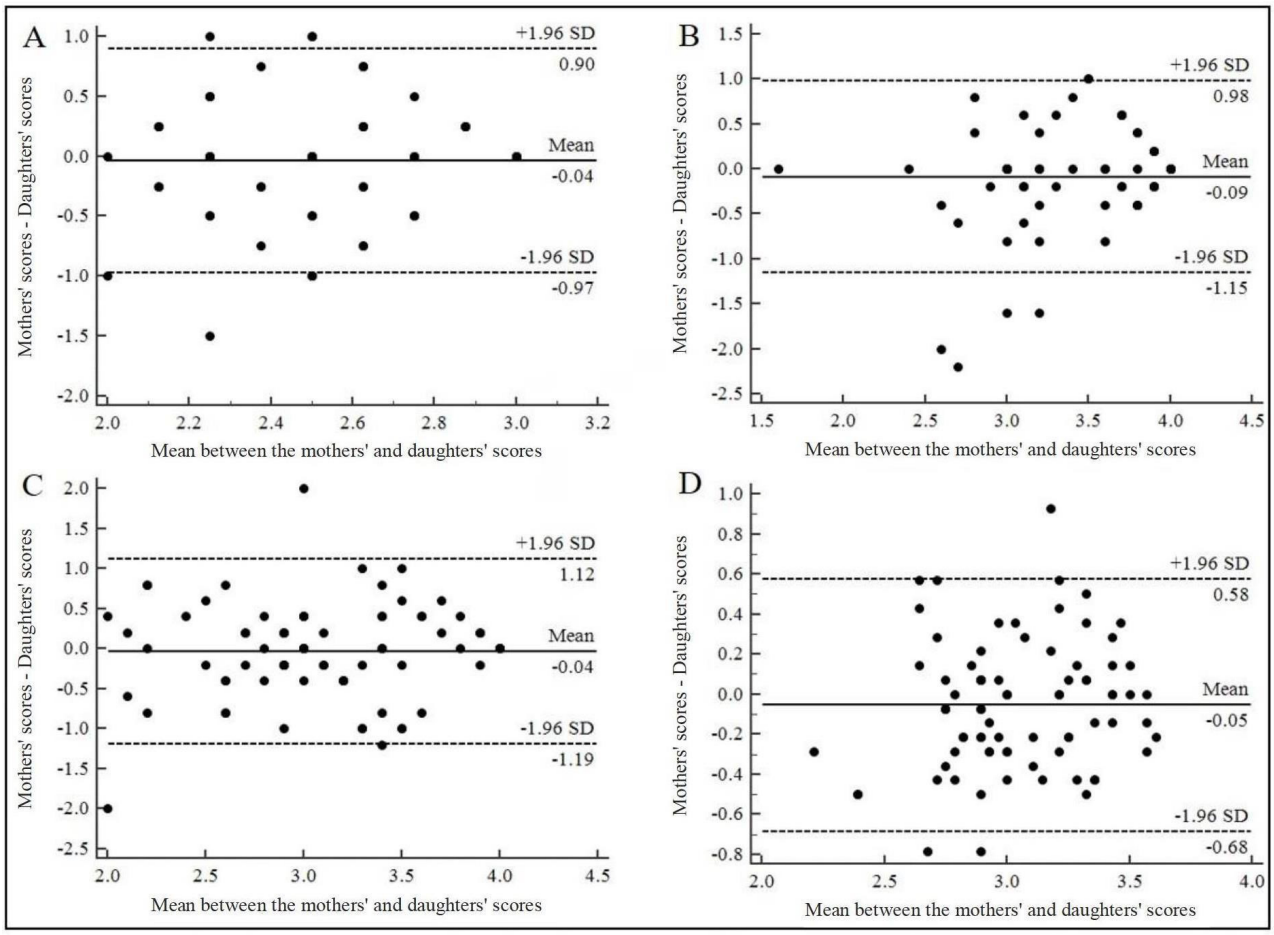

Figure 1 – Bland-Altman graphs for the mean differences between mothers and daughters in the reproductive autonomy scores: A, Decision-making; B, Absence of coercion; C, Communication; D, Total. Vitória da Conquista, BA, Brazil, 2020.

Regression analysis was conducted in an attempt to identify intervening factors of intergenerational transmission in reproductive autonomy related to the "Decision-making" subscale. After applying the *backward* method, only two variables (mother's age and daughter's skin color/race) remained in the prediction model of the difference between daughters and mothers in the reproductive autonomy score of the Decision-making construct, and the other variables were excluded for not having met the statistical criterion for permanence in the model (p-value ≤ 0.10).

Table 3 presents the results of the simple and multiple linear regressions for predicting the difference between daughters and mothers in the reproductive autonomy score of the Decision-making construct. The univariate analysis indicated that only the daughter's skin color/race was associated with a difference between daughters and mothers in the Decision-making score. The multiple regression model showed that the mother's age (negative association) and the daughters' skin color/race (positive association) were independent predictors of the difference between daughters and mothers in the Decision-making construct score. These results suggest that the intergenerational transmission related to "Decision-making" is lower when the mothers are younger and the daughters self-declare as black-skinned.

Table 3 – Unadjusted and adjusted association between the reproductive autonomy score of the Decision-making construct of the mothers and daughters under study and sociodemographic variables. Vitória da Conquista, BA, Brazil, 2020. (n=160)

Independent variable	$\Delta_{daughters - mothers}$ Decision-making	
	$\beta_{unadjusted}$ (p-value)	$^{*}\beta_{adjusted}$ (p-value)
Mother's age (years old)	-0.026 (0.056)	-0.027 (0.039)
Daughter's skin color/race (black)	0.484 (0.028)	0.423 (0.049)

Δ=Difference. *p-value$_{model}$=0.020; r^2=0.10.

DISCUSSION

Quilombola women constitute a social group marked by cultural influences and different social markers such as gender, race/ethnicity and generation that exert an impact on their living conditions, work and emotional/sexual relationships; however, in gender studies, the possibility of reconstructing a new reality can be considered[17].

Nevertheless, in the analysis of intergenerational similarity between the sociodemographic characteristics of quilombola mothers and daughters in this study, it was evidenced that there were no statistical differences (p-value > 0.05) for the skin color/race and religion variables. Thus, for these variables, we can suggest that the mother may have served as a reference or model for the transmission of social behaviors to her daughter.

This fact may have occurred because the mother is considered the main socialization agent that seeks to encourage, among her daughters, behaviors that are considered pertinent or correct[18].

The family nucleus has its own unique interpersonal relationships that can transmit different models of behavior and experience and, in this sense, part of each subject's identity is related to the structure of their family. Thus, the socializing experiences, those kept in the family environment, will define the possibilities and limits of their future[4].

In relation to the skin color/race variable, we reassert the existence of structural racism in our society that shapes all aspects of social life. Thus, the black-skinned quilombola mother may have been influenced by external factors, such as the Catholic religion, or internal factors, by the presence of white-skinned women who married black-skinned men and live in the quilombos. The mothers strive

to preserve culture and heritage in different contexts among their children, even in the relationship with groups belonging to the same ethnic group for socio-emotional well-being; otherwise, it becomes more difficult to live together when there are differences in expectations and values, which can generate conflicting feelings and stressors of psychological well-being[3].

The relationship between religion and intergenerational similarity in this study may have occurred because this variable is often subjected to sociocultural, historical and family influences, with the mother having more practice with religion and being more likely to model the daughter because she is more similar to her. A similar situation occurred in a study carried out with mothers and daughters which pointed out that the mothers' religious beliefs were associated with their daughters', which may suggest a socialization process of the daughter due to the family environment[19].

There is no intergenerational similarity in two variables: marital status and schooling. Even though the married marital status is considered a family pattern among traditional families, in this study, it occurred more frequently for the first generation of women. Opposing this result, it can be due to the fact that the daughters' mean age is 21 years old and, over time, the woman determines priorities, for example: before, planning a family; today, entering the labor market[20].

In relation to the schooling level, it is identified that the daughters had more years of study when compared to the mothers. There is an effort by the mothers to increase their daughters' schooling, as they recognize the benefits of education for the change in social status, to reduce the inequalities to which they are subjected. Even so, the quilombola community presents unfavorable factors for social inequalities, including the schooling level[21], with low level of instruction being common among disadvantaged families[22].

This characteristic has become a differential and positive point when it comes to issues related to intergenerational transmission, as it reflects the existence of a positive behavior among the daughters in the search for a better life[22].

The complexity and difficulty of evaluating reproductive autonomy and the intergenerational relationship among women, especially quilombolas, is well known. To understand how this relationship with the population of this study was shown, the Reproductive Autonomy Scale and the analysis of the subscales were used[13].

The quilombola mothers and daughters did not present any statistically significant difference (p-value > 0.05) for the "Decision-making", "Absence of coercion" and "Communication" subscales, that is, they presented similar behaviors for each of these subscales. This result may be justified because the socialization process has greater reach when modeling takes place in individuals who are more similar in relation to historical and cultural contexts[19].

However, in the more elaborate analysis through the agreement test, it was possible to identify that there was agreement between daughters and mothers in a satisfactory to good way for the "Absence of coercion" and "Communication" subscales. The first measures the presence of coercion, on the part of the partners, related to questions such as: if there was an impediment on the part of your partner to use some method to avoid pregnancy when you wanted to use one; if your partner got in the way or made it difficult to use a method when you wanted to use one; if your partner made you use some method when you did not want to; if your partner prevented you from using some method to avoid pregnancy if you wanted to use one; and if your partner exerted pressure for you to get pregnant. The second is related to the woman's situation of comfort in talking to her partner about her reproductive choices.

In scientific studies, it is pointed out that, in quilombola communities, men assume a social role associated with masculinity and women adopt a submissive role to men[23]. A similar situation was observed for women within families in a more conservative rural community in terms of gender relations in Africa[24].

Quilombola men probably have complete control over their partner's reproductive desires because, among black-skinned women, reproductive coercion is more likely when compared to white-skinned women, which is an indication of a deeply rooted social construction that men decide for women[25].

Women's empowerment enables decision-making and expansion of their critical-reflective ability to look at the reality where they relate, live and work, in addition to being considered a health promotion tool as it seeks to support strategies for strengthening vulnerable populations and for a consequent improvement in quality of life, citizenship and reduction of health inequalities[26].

This social and historical construction could reinforce the reproductive coercion to be suffered by the quilombola woman; however, in this study, attention is drawn to the "Absence of coercion" subscale, which, since the mothers stated not suffering reproductive coercion, it is understood that this performance was learned by the daughter, through the intergenerational relationship[19]. As already explained, quilombola women live in a socially and culturally conservative and unequal context in terms of gender inequality when considering women's autonomy. This reinforces that women in different contexts may or may not present similarities about reproductive autonomy. Thus, the need to conduct more studies for a better understanding of the theme of reproductive coercion and traditional communities becomes relevant.

In order to identify intervening factors of intergenerational transmission between mothers and daughters for reproductive autonomy in the "Decision-making" subscale, a more in-depth analysis was needed. Two independent variables were identified, namely: mother's age and daughter's skin color/race, and the reduction in the intergenerational transmission of this construct was associated with the mother's younger age and with the daughters' racial belonging.

Regarding these aspects of intergenerational non-transmission, no evidence was found in the literature; however, some hypotheses were raised, starting with the mother's younger age. The current generation has been portrayed as more critical of the issues involving freedom of choice and opinion, which may influence continuity or not of intergenerational transmission, assuming that an older woman in the family context has more experiences, which may provide behaviors to be learned.

In relation to the fact that the black-skinned daughter is associated with lower transfer, that is, the daughter's self-recognition as black-skinned impairs intergenerational transfer and there is less clarity, although it is possible to suppose that, due to the racial prejudice suffered, the ethnic stigma negatively affects psychosocial adjustment[27].

This situation may compromise the modeling of behavior between mother and daughter, especially taking into account a study that found that black-skinned mothers daily face the probability of their daughters being treated unfairly as a result of their race, demanding that they maintain excessive levels of vigilance in the face of relentless structural, cultural, institutional and interpersonal racism[28].

In addition to that, for the racial inequality of young people, a prerequisite for the development of racial identity, the individual must first choose a family member before developing feelings and behaviors[29]. When racial discrimination is identified, it can cause psychological distress and impair well-being among young individuals[30].

In this way, as the daughter explores a racial identity, she can make decisions about which behavior to follow and adjust her own labels, which, in this process, may result in changes in attitudes[28].

That said, it is suggested that future studies include the intergenerational issue between black-skinned mothers and daughters, evaluating issues about reproductive autonomy more densely, as a suggestion, through qualitative studies.

Despite its relevant contribution, this study pointed out some limitations, requiring the conduction of a qualitative study to deepen the issues found in the results.

CONCLUSION

Based on the results presented, it is possible to conclude that reproductive autonomy is transferred intergenerationally between quilombola mothers and daughters, and that this transmission occurs, above all, in the "Absence of coercion" and "Communication" domains. Regarding the Decision-making domain, it is concluded that the mother's reproductive autonomy is not in agreement with her daughter's, which shows that there is no transmission in this construct.

Thus, mother's age and daughter's skin color/race were intervening factors in the intergenerational transmission related to the "Decision-making" construct, where the reduction in the intergenerational transmission of this construct was associated with the mother's younger age and the daughter's self-recognition as black-skinned.

It is possible to assert that the daughters do not follow the same choice as their mothers, which can be understood as greater accessibility to reproductive planning services and to increased schooling levels that enable better understanding of information and health care, although quilombola communities experience a context with peculiar dynamics.

In addition to that, it contributes to our understanding of the processes that involve reproductive autonomy and intergenerational transmission, a particularly important cultural value for quilombola women that presents specificities when compared to women belonging to other races/ethnicities.

That said, intergenerational transmission between quilombola mothers and daughters are fundamental aspects to be understood by health professionals and, in particular, Nursing professionals working in quilombola communities, who can both offer a service according to their specificities and also work on strategies that come to empower these women in issues involving their reproductive health.

Understanding the issues related to reproductive decisions is important to deepen our knowledge and qualify the care provided to the quilombola women.

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