



Journal of Nursing

Revista de Enfermagem

UFPE On Line

ISSN: 1981-8963

ORIGINAL ARTICLE

WOMEN'S SPEECHES ABOUT SEXUALITY IN BREASTFEEDING

DISCURSOS DE MULHERES SOBRE SEXUALIDADE NA AMAMENTAÇÃO

DISCURSOS DE MUJERES ACERCA DE LA SEXUALIDAD EN LA LACTANCIA MATERNA

Gittanha Fadja Oliveira¹, Lucineide Santos Silva², Mariana Mercês Mesquita Espíndola³, Maria de Fátima Alves Aguiar Carvalho⁴, Ralessandra Moreira Silva⁵, Iracema Mirella Alves Lima⁶

ABSTRACT

Objective: recognizing the repercussions of breastfeeding practice on women's sexuality. **Method:** a descriptive and exploratory study of a qualitative approach conducted at the Family Health Unit in Juazeiro-BA. The study subjects were 10 women who were in mixed or exclusive breastfeeding, aged 18 or older, with 42-90 days postpartum. The data were produced from semi-structured interviews submitted to Thematic Content Analysis. The research project was approved by the Research Ethics Committee, protocol 0006/170512. **Results:** the following categories were presented: << Occurrence of sexual intercourse without desire >>, << Interference from baby care on sexuality >> and << Interference of breastfeeding on sexuality >>. **Conclusion:** it is proposed that health professionals enable better on this theme, so as to enhance the prenatal care. **Descriptors:** Sexuality; Breastfeeding; Women's Health.

RESUMO

Objetivo: conhecer as repercussões da prática da amamentação na sexualidade de mulheres. **Método:** estudo descritivo e exploratório com abordagem qualitativa realizado na Unidade de Saúde da Família, em Juazeiro-BA. Os sujeitos do estudo foram 10 mulheres que se encontravam em aleitamento misto ou exclusivo, com idade igual ou superior a 18 anos, com 42 a 90 dias pós-parto. Os dados foram produzidos a partir de entrevista semiestruturada, submetidos à Análise de Conteúdo Temática. O projeto de pesquisa foi aprovado pelo Comitê de Ética em Pesquisa, protocolo 0006/170512. **Resultados:** foram apresentadas as seguintes categorias de análise: << Ocorrência de relações sexuais sem desejo >>, << Interferência dos cuidados ao bebê na sexualidade >> e << Interferências da prática da amamentação na sexualidade >>. **Conclusão:** propõe-se que os profissionais de saúde capacitem-se melhor acerca dessa temática, para assim potencializar a assistência pré-natal. **Descritores:** Sexualidade; Amamentação; Saúde da Mulher.

RESUMEN

Objetivo: conocer los efectos de la práctica de la lactancia materna sobre la sexualidad de las mujeres. **Método:** es un estudio descriptivo y exploratorio con enfoque cualitativo realizado en la Unidad de Salud de la Familia en Juazeiro-BA. Los sujetos del estudio fueron 10 mujeres que estaban en la lactancia mixta o exclusiva, de 18 años o más, con 42 a 90 días después del parto. Los datos fueron producidos a partir de entrevista semi-estructurada, sometidos al Análisis de Contenido Temático. El proyecto de investigación fue aprobado por el Comité de Ética en la Investigación, el protocolo 0006/170512. **Resultados:** se presentaron las siguientes categorías de análisis: << Ocurrencia de relaciones sexuales sin deseo >>, << La interferencia de la atención al bebé en la sexualidad >> y << Interferencia de la práctica de la lactancia materna en la sexualidad >>. **Conclusión:** Se propone que los profesionales de salud claramente entienden mejor sobre ese tema, a fin de mejorar la atención prenatal. **Descriptores:** Sexualidad; La Lactancia Materna; La salud de la Mujer.

¹Nurse, Resident of Women's Health Nursing, Hospital Dom Malan-IMIP. Petrolina (PE), Brazil. Email: gittanha_fadja@hotmail.com; ²Nurse, Master Teacher of Women's Health, Nursing School, Federal University of Vale do São Francisco/UNIVASF. Petrolina (PE), Brazil. Email: enflucineide@hotmail.com; ³Nurse, Master's Student, Postgraduate Program in Health and Biological Sciences, Federal University of Vale do São Francisco/UNIVASF. Petrolina (PE), Brazil. Email: marianalb13@hotmail.com; ⁴Nurse, Master Teacher in Women's Health, Nursing School, Federal University of Vale do São Francisco/UNIVASF, Doctoral Student of Nursing, Nursing Postgraduate Program, Federal University of Bahia/UFBA. Salvador (BA), Brazil. Email: fatimaaguiar@hotmail.com; ⁵Nurse, Master's Student, Postgraduate Program in Health and Biological Sciences, Federal University of Vale do São Francisco/UNIVASF. Petrolina (PE), Brazil. Email: ralessandra.moreira@yahoo.com.br; ⁶Nurse, Foundation of Hematology and Hemotherapy of Pernambuco - Blood Center Ouricuri/PE. Petrolina (PE), Brazil. Email: mirellalima@hotmail.com

INTRODUCTION

Sexuality must be understood in all its broad meaning, as thematic area of knowledge of the human dimension.¹ Develops from relationships established between individuals and society, through the expression of feelings and gestures like love, affection and emotions.²

Given the large size of its meaning, sexuality relates to the historical aspects, the perceptions and values body and the inner dimension of individuals. From this perspective, pervades relations between couples, with the individual and the universe. So not only is it is the sexual act, but of an entire context that encompasses the amorous and sexual relations between people, surpassing the biological limits and encompassing up to psychosocial aspects.³

Culturally there are several taboos related to breast lactating. Many men began to consider as "sacred", something forbidden to touch (being at that time owned only by the child), that is, becomes no longer an erotic body in the relationship. The women, mostly, consider the fact that men behave this way as a form of respect for them and the baby.⁴

With respect to the physiological aspects it is known that the period of breastfeeding, there is increased prolactin which tends to reduce a woman's libido.⁵ For some returning to sexual activity after birth often occurs to satisfy the spouse, even who has no desire.⁴

It is also noted that during and after orgasm breasts may release milk, which usually becomes unpleasant to the sexuality of the couple.⁵ These situations can sometimes lead to early weaning.⁴

Pregnancy, childbirth and the postpartum period are configured as a unique and essential experience in the life of the spouses. However, for women, they tend to be more comprehensive, as they also experience significant physiological changes in the context of sexuality. Parenthood to the condition of being a mother, is also a time of great challenge to the new pace of life, with possible repercussions on self-image, married life and sexuality.⁶

Considering that both effective breastfeeding practice and the exercise of satisfaction of sexuality are important to the welfare of the majority of women; it is essential that health professionals and researchers strive to minimize discomforts arising from this relationship.

Faced with this reality, we emphasize the importance of valuing subjectivity and the

view of women in order to drive more effective strategies to understand and intervene in this issue. From this perspective the objective of this study is:

- Meeting the practice of breastfeeding effects on sexuality of women.

METHOD

Article presented from the course conclusion work << Breastfeeding repercussions on sexuality of women >> presented the Federal University of Vale do São Francisco - UNIVASF as a mandatory requirement for obtaining a bachelor's degree in nursing. Petrolina/PE, Brazil, in 2012.

This research is of descriptive and exploratory type and a qualitative approach; it is a cutout of a larger project, in the period from September to November 2012 in a Family Health Unit (USF) in the municipality of Juazeiro -BA.

The study enrolled 10 nursing mothers, regardless of exclusive breastfeeding or mixed, aged 18 or older, between 42-90 days postpartum, and who had kept at least one sexual relationship. The restriction for this period after delivery took into consideration the following: 1) common sense (especially among women northeastern) that is necessary to fulfill a "guard" 40 days after birth for resumption of sexual activity; 2) higher incidence of penetrative sex from the 6th to 8th week postpartum⁷; 3) possibility of early weaning from the 3rd month after birth; 4) having already been a sexual relationship, these women could discuss better about the studied subject.

Data were collected by semi-structured interviews in the pre-set days for routine visits, as well as through home visits in days and pre-scheduled times by Community Health Agents. The women interviewed at FHS were led to a room reserved, which was guaranteed confidentiality and privacy. At home, it was asked to elect a place holder for the interview.

A análise dos dados foi realizada a partir da técnica de Análise de Conteúdo Temático. Respeitando-se os princípios éticos da pesquisa em seres humanos/Resolução 196/96, o projeto foi submetido ao Comitê de Ética e Deontologia em Estudos e Pesquisas da Universidade Federal do Vale do São Francisco, sendo aprovado sob o registro do Certificado de Apresentação para Apreciação Ética (CAAE) nº 0006/170512.

Data analysis was performed from the Thematic Content Analysis technique. The ethical principles of research is respecting

human beings / Resolution 196/96, the project was submitted to the Ethics Committee and bébé and Research of the Federal University of São Francisco Valley, and was approved under the Presentation of Certificate for registration Ethics appreciation (CAAE) nº 0006/170512.

RESULTS AND DISCUSSION

To facilitate the reader's understanding or to ensure a better presentation of results, they will be discussed from the following developed analytical categories.

♦ Occurrence of sexual relationships without desire

It is known that the absence of sexual desire can have a negative impact on the sexuality of men and women. Although the causes for this phenomenon are many, it was evidenced in this study that to the mothers, in addition to hormonal changes, there is a significant fear in returning sexual activities, which could cause them pain. For them, the risk of interfering with the healing of the pelvic region tends to decrease sexual desire.

[...] I felt very scared, I don't know to open or something, really scared, it was difficult, I won't lie, I kept thinking, I couldn't even feel like, I kept thinking inside, I don't know. (E01, 21, regular partner and live with him, incomplete high school, housewife, Catholic)

Before we feel more comfortable is not, because isn't there any concern [...] But [today] with sure is different it's not, it's totally different [...] Woman, I believe that through the little bit of fear that I felt, I felt a difference Yes, we feel even. (E02, 36, married, incomplete basic education, saleswoman, Evangelical)

The absence of professional guidance to women, as well as pain or even fear for mothers, prevents an appropriate return to exercise sexual and pleasurable sensations.⁸

The changes in body appearance do not just annoy women. The spouse, not so rare, "also does not feel at ease before the body of his companion, who before to him was so familiar and now it looks so different".⁹

The existence of episiorrhaphy can also be an obstacle in the sexuality of the couple during the postpartum period. Women undergoing this procedure usually need time to return sexual activities for fear of pain and negative interference in tissue healing. In addition, the episiotomy and episiorrhaphy modify female sexual function, cause considerable nuisance mothers and interfere yet psychologically.¹⁰⁻⁹

Therefore it is essential that health professionals can assist these women in an attempt to reduce the discomforts and insecurities that permeate the return to sexual activity in this period. To do so, they can provide emotional and psychological support, as well as the use of vaginal lubricant to prevent pain during intercourse.⁸

Most mothers of this study signaled also that when they return to sexual activities do not always do so because they feel desire. Some of them reported that, often, for fear of the partner's involvement in extramarital relationships yield to their pleas. Often the return to sexual activity occurs only concern to allow the spouse's needs, and to meet its marriage "obligations".⁷ One of the interviewees says:

Accepted, because if I don't do it he can find another on the street, and not to mention that you'll start to have that thing, that rejection is! (E04, 31, regular partner and live with him, incomplete high school, rural worker, Evangelical)

Some in order to have their needs met with their child and by low libido reported accept and even consider natural companion meet up with other women. This attitude contributes to to experience motherhood with fullness and tranquility.⁴

♦ Interference from baby care on sexuality

Although feel held in order to care for her child, the women reported that routine baby care sometimes interferes with sexual relationship during the breastfeeding period. This is mainly due to the assignments overhead of the wife / mother.

Importantly, some were very careful in his speech, so as not to assign the baby any negative responsibility in the exercise of their sexuality. This is due, possibly, to the warm relationship, personal values and socio-cultural factors that permeate the mother and child relationship.

[...] First, he's going to sleep late! Usually little boy is getting used. Then, second, I'm already tired, doomed when he [spouse] arrives too late, because he works with this issue of outdoor. (E04, 31, regular partner and live with him, incomplete high school, rural worker, Evangelical)

It's a little more complicated right! Because it no longer has that freedom [...] It seems that the person is thus more sheltered [...] But I think the first thought, sometimes even from me, is saying that hinders not [...] But changes enough! I myself do not know also is due to age, fatigue (laughs). Sometimes even my husband can feel a little, you know; because it's like having ...

this part of my sexuality died a little. (E06, 41, married, incomplete secondary education, housewife, spiritist))

[...] only weekend!! Then we go out, do a little scape, it goes to an inn (laughs), and be there (laughs), good. Then later back home, I did not get to him like that no direct only weekend [...] I think it's more difficult, because of my baby, because I cannot get out much. (E08, 38, steady partner and do not live with him, incomplete primary school, helper kitchen, Catholic)

The arrival of the new family member requires an exclusive devotion that drives the woman often devoting herself only to the baby, moving the companion to the sidelines. This behavior can cause jealousy and rejection by the spouse.⁹

Routine care with this baby, coupled with fatigue and sleep contribute to the occurrence of quick sex, with little or no investment in preliminaries.

Today changed yes, me and him, because of my daughter! I do not have much time to give affection ... (E01, 21, steady partner and lives with him, incomplete secondary school, housewife, Catholic)

Changed so, in the case of relations, is very ... whatever! The woman gets more ... is no longer the same, when I had no son. Then, after I gave birth, is something else, much, much cold I think. (E10, 21, steady partner and lives with him, incomplete elementary school, kitchen assistant, Evangelical)

The dedication to the care of the baby turns out to have a negative effect on sexual practices. It is common for women to leave the background partner, which ends up generating spousal discontent, which sometimes do not understand the joints made by the wife.⁴

Another aspect mentioned by witnesses as being responsible for sex unsatisfactory during the breastfeeding period was a shame for the new body aesthetics. The bodily changes are important factors for decreased libido due to low self-esteem.⁸

Strange, strange, I was embarrassed [...] Ah, because before I was not ashamed no, I was more soft, but now I got a little embarrassed [...] Because so, I found that my body was swollen! It is still swollen, right? And then I was embarrassed! He even fought with me but I was quite ashamed [...] (E03, 28, steady partner and do not live with him, completed high school, maid, Catholic)

[...] it is different see, a little more fear, you get! Especially because at the beginning we get a little fatter, gets more embarrassed [...] In my case I got a little groove in the belly, we stay longer afraid, is

more ashamed. (E07, 27, steady partner and do not live with him, incomplete higher education, housewife, Evangelical)

Dissatisfaction with the body could generate changes in sexuality in general, including sexual relationship.

Postpartum bodily changes are perceived by some women without embarrassment, but for other interfere considerably in their self-esteem. Among the most troublesome characteristics stand out the appearance of stretch marks, the abdominal aesthetics, breast and weight.⁸

In fact some men admire the engorged breasts, considering them not only as a food source, but also as erotic area.⁴

◆ Interference of the practice of breastfeeding in sexuality

Although most of the interviewed mothers have stated that breastfeeding does not interfere with sexuality of the woman or the couple presented during interviews several situations that contradict that claim. One has to consider in this context, that breastfeeding is for them something so sublime and especially the ability to take it to be something causing any negative interference can go against their values.

Among the situations presented that prove breastfeeding interference in the exercise of sexuality, stand out: the conflict between the "food within" and "erotic breast," the baby awake during sexual intercourse, the milk excretion during intercourse and the risk of milk ejection in social activities.

With regard to conflict involving the female breast, a mixed representation coexists this body area, which is the anthropological "nature and culture". Against this background, the breast may not necessarily have erotic connotations, since it depends on a socio-cultural context. However, in Brazil, the woman's breast is included in various sexual practices, being indispensable for many men and women to obtain pleasure.⁴

Understanding this duality that permeates the womb can represent for some women conflicted something that sometimes tends to be questioned even during sex.

[...] I even feel that way, a little embarrassed, it's like a woman's body, belonged to that baby [...] The breast is already like a bottle right, [...] It seems that this region already taken (laughs), it's like the baby she owns this body of people. Then the husband wants to approach, then you're already half scared, right? When you're in the sexual act, in private, think, and the baby? (E06, 41, married, incomplete secondary education, housewife, spiritist)

When asked about the relationship between breastfeeding and sexuality, some reported that the baby actually wakes up during sex, "break" moment. Even though the major event of sexual act to the approach of the couple and personal satisfaction of both spouses, such situations interfere negatively in sexuality, especially because the priority at the moment is the welfare and child feeding.

[...] You have to learn to separate the two, and both work differently, I believe that by the time I'm having sex, I'm having sex with my husband, and when I'm fed my son, I'm feeding my son, where is that there can hinder me? Except when he wakes up and we're there on we will see, as has happened. Then I took my shower, cleaned up and went breastfeeding. It ends there!!! (E04, 31, steady partner and lives with him, incomplete secondary education, rural worker, Evangelical)

At night, sometimes, the child wakes up just when you're dating, what's up? (laughs) It's all over, is not it? Cuts everything! [...] It has to stop, have to give, you have to breastfeed, it is not a mother? There is even complicated! And that has really changed! (E07, 27, steady partner and do not live with him, incomplete higher education, housewife, Evangelical)

In a research conducted with mothers until the 15th month after birth, it was found that the fact that the baby sleeping in the bedroom does not have negative influence on sexual desire and the couple resourcefulness. Furthermore, it was proven that the fact that some women feel afraid to wake the child with the sexual act affects considerably in vaginal lubrication for women. There was no statistical significance on the companion satisfaction questions, orgasm and libido.¹¹

Another episode related to breastfeeding that interferes with sexuality is the milk ejection at the time of the sexual act. This is a situation considered to be negative for many couples, especially for some women.

I just, I got enough shame because at the time the breasts began to leave milk, there I was with a bit of shame. (E03, 28, steady partner and do not live with him, completed high school, maid, Catholic)

Now I am ashamed, have to stay bra, because of the milk. It's been hard for me, being too hard! [...] I have a lot of milk and then leak, there is no way [...] It disrupts! Interfere (laughs)! Breastfeeding interfere [...] interferes many things ... it's too bad, it's bad, I do not know to explain how it is bad. (E05, 31, steady partner and lives with him, incomplete secondary education, manicure, Evangelical)

[...] there comes ... that milk is so much that cannot, cannot even touch right? Or

touch, which already leaves the milk. And that food there, just for him, is his, he owns the land, so to speak (laughs) [...] bothers a little. [...] But we will try, taking here, there, giving a little way, Brazilian way, we'll get there! (E06, 41, married, incomplete secondary education, housewife, spiritist)

I think interferes [...] Because the chest of the person is only leaking [...] I think so! (E09, 18, steady partner and lives with him, incomplete elementary school, and student, secular)

Although it is an uncomfortable situation for most couples, the milk ejection has become a new attractive erotic sexual practice. Furthermore, breast-feeding during the growth period was considered an engaging element at the time of intercourse.⁴

However, it is not only at the time of the sexual act that milk ejection bothers women. Experiencing this episode in everyday social activities compromises their self-esteem and femininity, thus interfering in their sexuality. One of the interviewees says:

So go outside I'm ashamed because it is very, enough milk, there is soiling her blouse, soak [...] I shot a lot, but has not hopeless. [...] I absorbent button when I go out in a matter of five minutes, there soaks. [...] Have time I'm in place that cannot change, there comes)

The nursing process is a complex phenomenon that, like the postpartum period, encompasses not only biological, but the entire historical and socio-cultural context. It is permeated by numerous precepts imposed by society, differing in each distinct environment in which the people live.¹²

Therefore, the contribution of health professionals is essential, since they behave like the scientific knowledge holders. It is the same function of guiding and stimulating as breastfeeding, doing a thorough training to women during the prenatal period.¹³⁻¹⁴ Informing them about the care of the breasts and body positions advice to breastfeed correctly, how it should be the handle of the baby, the general care of the newborn and mostly offer psychological support that pregnancy and childbirth.¹³

However, exclusive breastfeeding is tied to the will of the breast-feeding mother, the action of health professionals and to the support that women receive from those close to her. It assumes the commitment of promoting, protecting and supporting breastfeeding, once this may cooperate in raising the self-efficacy of breastfeeding mothers and lead, in the medium and long term, to the reduction of early weaning rates

and the extension of exclusive breastfeeding.
15

CONCLUSION

The puerperium is enveloped by a range of feelings and sensations, which can be considered builders or frustrating. Among this entire context encompasses sexuality intrinsically, because it is a major factor not only for the formation of individuality of every being, but of the whole construction process of the couple's relationship.

In the speeches of the women in this study evidenced that with the arrival of the baby the relationship between spouses, suffer changes. A complete rehabilitation, especially to what concerns the sexual practices is required. The return to sexual exercise is the main "barrier" to be overcome because coexists not only physiological factors such as decreased libido, but also waiting for the popular guard period, and respect for the feelings experienced by these women.

While conquered one of her ambitions, the become "mother", go to live with certain difficulties, such as the difficulty to sexual return by decreased libido, submitting sometimes sexual practice only to comply with the conjugal duties; exhaustion from the daily routine of caring for the child and shame by the new body contours, which now not only undermine self-esteem, but also sexual resourcefulness.

It was also noted that while women deny the interference of breastfeeding on sexuality, the context of the talks contradicts that statement. Certain conflict between the relationship of the "mother's breast" and "female breast" was found in addition to that, the fact that the baby wakes during the couple's sexual practice becomes quite uncomfortable, as well as the ejection of milk makes If embarrassing not only for spouses during sex, but also in daily activities, greatly interfering with the well being of these mothers.

REFERENCES

- Costa, ER; Oliveira, KE. A sexualidade segundo a teoria psicanalítica freudiana e o papel dos pais neste processo. Itinerarius Reflectionis [Internet] 2011 [cited 2012 Apr 13];2(11):[about 5 p.]. Available from: <https://revistas.ufg.br/index.php/ritref/article/view/20332>
- Ministério da Saúde(BR). Secretária de Atenção à Saúde. Sexualidades e Saúde Reprodutiva. Adolescentes e jovens para a educação entre pares. Saúde e prevenção nas escolas. Brasília: Ministério da Saúde, 2010. Available from: http://www.unfpa.org.br/Arquivos/guia_sexualidade.pdf
- Camacho, KG; Vargens, OMC; Progiante, JM. Adaptando-se à Nova Realidade: A Mulher Grávida e o exercício da Sexualidade. Rev. enferm. (Lisboa).[Internet]. 2010 [cited 2012 Apr 12];18(1):32-7. Available from: <http://www.facenf.uerj.br/v18n1/v18n1a06.pdf>
- Sandre-Pereira, G. Amamentação e Sexualidade. Revista Estudos Feministas [Internet]. 2003 [cited 2012 Mar 12];11(2):467-91. Available from: <https://periodicos.ufsc.br/index.php/ref/article/viewArticle/9842>
- Menezes, CC; Marques, AM. Parto e pós-parto: impacto sobre a sexualidade do pai. ISEX Cadernos de Sexologia [Internet]. 2010 [cited 2012 Mar 11]. Available from: <http://revistas.ulusofona.pt/index.php/isex/article/view/2100/1623>
- Salim, NR; Araújo, NM; Gualda, DMR. Corpo e sexualidade: a experiência de um grupo de puérperas. Revista Latino-Americana de Enfermagem [Internet].2010 [cited 2012 Mar 12]; 18(4). Available from: http://www.scielo.br/pdf/rlae/v18n4/pt_11.pdf
- Silva, Al; Figueiredo, B. Sexualidade na gravidez e pós-parto. Psiquiatria Clínica [Internet]. 2005 [cited 2012 June 14];25(3):253-64. Available from: <http://repositorium.sdum.uminho.pt/bitstream/1822/4720/1/SEXUALIDADE%2520NA%2520GRAVIDEZ.pdf>
- Belentani, LM; Marcon, SS; Pelloso, SM. Sexualidade de puérperas com bebês de risco. Acta paul. enferm. [Internet]. 2011 [cited 2012 Abr 13];24(1):107-13. Available from: <http://www.scielo.br/pdf/apv/v24n1/v24n1a16.pdf>
- Menezes, CC; Marques, AM. Parto e pós-parto: impacto sobre a sexualidade do pai. ISEX Cadernos de Sexologia [Internet]. 2010 [cited 2012 Mar 11]. Available from: <http://revistas.ulusofona.pt/index.php/isex/article/view/2100/1623>
- Progiante, JM; Araújo, LM, Mouta, RJO. Repercussões da Episiotomia sobre a sexualidade. . Escola Anna Nery Revista de Enfermagem [Internet]. 2008 [cited 2012 June 12];12(1):45-9. Available from: <http://www.scielo.br/pdf/ean/v12n1/v12n1a07.pdf>
- Alves, MGC. Fatores que influenciam a sexualidade feminina depois do parto [Dissertação de mestrado]. Portugal:

Universidade de Lisboa; 2008. 183p. [cited 2012 Dec 20]. Available from: http://repositorio.ul.pt/bitstream/10451/1117/1/17092_Dissertacao_final_GRACA.pdf

12. Marques, ES; Cotta, RMM; Araújo, RMA. Representações Sociais de mulheres que amamentam sobre a amamentação e o uso da chupeta. Revista Brasileira de Enfermagem [Internet]. 2009 [cited 2012 June 26];62(4):562-9. Available from: <http://www.scielo.br/pdf/reben/v62n4/12.pdf>

13. Marques, ES; Cotta, RMM; Botelho, MIV; Franceschini, SCC; Araújo, RMA; Lopes, LL. Rede social: desvendando a teia de relações interpessoais da nutriz. Physis (Rio J.) [Internet]. 2010 [cited 2012 June 26];20(1):261-81. Available from: <http://www.scielo.br/pdf/physis/v20n1/a14v20n1.pdf>

14. Rocha, NB; Garbin, AJI; Garbin, CAS; Moimaz, SAS. O ato de amamentar: um estudo qualitativo. Physis (Rio J.) [Internet]. 2010 [cited 2012 Mar 13]; 20(4):1293-1305. Available from: <http://www.scielo.br/pdf/physis/v20n4/a12v20n4.pdf>

15. Rodrigues, AP; Padoin SMM; De Paula CC; Guido LA. Factors those influence in self-efficacy of breastfeeding: na integrative review. J Nurs UFPE on line [Internet]. 2013 [cited 2014 Mar 10];7(5):4144-52. Available from: <http://www.revista.ufpe.br/revistaenfermagem/index.php/revista/article/view/4031>

Submission: 2014/04/08

Accepted: 2015/05/15

Publishing: 2015/06/01

Corresponding Address

Gittanha Fadjá de Oliveira Nunes
Rua das Algarobas, 26
Bairro Centenário
CEP 48 905 460 – Juazeiro (BA), Brazil