



THE BREASTFEEDING EXPERIENCE IN RECENT MOTHERS VIEW: CONTRIBUTIONS FOR NURSING

A VIVÊNCIA DA AMAMENTAÇÃO NA ÓTICA DE PUÉRPERAS: CONTRIBUIÇÕES PARA A ENFERMAGEM

LA EXPERIENCIA DE LA LACTANCIA EN LA ÓPTICA DE LAS PUERPERAS: CONTRIBUCIONES PARA LA ENFERMERÍA

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ABSTRACT

Objective: to know the experience of recent mothers about breastfeeding. **Method:** a descriptive study with a qualitative approach, developed with ten recent mothers in December 2013, in a city in the interior of Rio Grande do Sul/RS. The data was produced through individual semi-structured interview and analyzed by the operative proposal. The research project was approved by the Research Ethics Committee, CAEE 22960613.3.0000.5346. **Results:** breastfeeding is shown as a culturally influenced event, which reinforces maternal identity. Knowledge of participants about the benefits of this practice is restricted and is linked mainly to children's health. Their partners is an ally in its adherence and continuing breastfeeding, but also recognize their role in this process. **Conclusion:** breastfeeding is a practice centered on the conjugality and completeness, involving the partner in actions to support, protect and promote breastfeeding. **Descriptors:** Breastfeeding; Culture; Nursing.

RESUMO

Objetivo: conhecer a vivência de puérperas acerca da amamentação. **Método:** estudo descritivo, com abordagem qualitativa, desenvolvido com dez puérperas em dezembro de 2013, em um município no interior do Rio Grande do Sul/RS. Os dados foram produzidos por meio de entrevista individual semiestruturada e analisados pela proposta operativa. O projeto de pesquisa foi aprovado pelo Comitê de Ética em Pesquisa, CAEE 22960613.3.0000.5346. **Resultados:** a amamentação apresenta-se como um evento influenciado culturalmente, que reforça a identidade materna. O conhecimento das participantes em relação aos benefícios desta prática é restrito e está atrelado principalmente à saúde da criança. O companheiro revela-se como um aliado na adesão e continuidade da amamentação, mas ainda não reconhece o seu papel nesse processo. **Conclusão:** a amamentação é uma prática que carece de ser centralizada na conjugalidade e completitude, envolvendo, assim, o companheiro nas ações de apoio, proteção e promoção à amamentação. **Descritores:** Aleitamento Materno; Cultura; Enfermagem.

RESUMEN

Objetivo: conocer la experiencia de puérperas acerca de la lactancia. **Método:** estudio descriptivo con enfoque cualitativo, desarrollado con diez puérperas en diciembre de 2013, en una ciudad en el interior de Rio Grande do Sul/RS. Los datos fueron producidos por medio de entrevista individual semi-estructurada y analizados por la propuesta operativa. El proyecto de investigación fue aprobado por el Comité de Ética en Investigación, CAEE 22960613.3.0000.5346. **Resultados:** la lactancia se presenta como un evento influenciado culturalmente, que refuerza la identidad materna. El conocimiento de las participantes en relación a los beneficios de esta práctica es restricto y está ligado principalmente a la salud del niño. El compañero se revela como un aliado en la adhesión y continuidad de la lactancia, pero todavía no reconoce su papel en ese proceso. **Conclusión:** la lactancia es una práctica que parece ser centralizada en la conyugalidad y completitud, envolviendo, así, el compañero en las acciones de apoyo, protección y promoción a la lactancia. **Descriptores:** Lactancia Materna; Cultura; Enfermería.

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INTRODUCTION

Breastfeeding represents one of the most symbolic steps in the female reproductive process,¹ considered a social, cultural and behavioral event.² The act of breastfeeding provides the child such protection against several diseases, quality of nutrition, immune protection, less chance of develop teeth malformations, craniofacial development and improvement of stomatognathic functions. Apart from this, recent studies show that there is evidence that breastfed children have better development, reducing child mortality.³⁻⁵

Among the benefits for women´s health, breastfeeding contributes to the prevention of diseases such as breast, uterus and ovaries cancer, decreasing postpartum bleeding and aids in recovery of the body to the pre-pregnancy state.⁶ It also assists in bond formation between mother and child and promotes pleasant feelings that influence the affection, with consequent reduction in rejection, abandonment and child abuse rates.⁷

For the family, breastfeeding is a positive thing for the financial situation, since breast milk has no charge, resulting in savings on food, doctor visits, drugs, tests and hospitalizations.⁴ As for society, it entails sustainability and minimizing environmental risks. Once breastfeeding is stimulated, there is a decrease production of numerous materials (pacifiers, bottles, metal for cans, cardboard, paper, glue, plastics) that generate pollutants and waste for the environment. Thus, breastfeeding can also be considered an ecological act, and encouraging breastfeeding also contributes to environmental sustainability.⁸⁻⁹

Although the benefits of breastfeeding are undeniable for both women and children, it is necessary to reflect on factors that can positively or negatively influence on its success. Given the above, the question that guided this study was << *How is breastfeeding experienced by a group of recent mothers?* >>. Therefore, the aim of this study is to know the experience of recent mothers about breastfeeding.

METHOD

Field study, descriptive and with qualitative approach. Participants were ten women who were experiencing postpartum, from a Basic Health Unit, located in a city of

the interior of Rio Grande do Sul/RS. Inclusion criteria were women who were in the postpartum period and being breastfeeding. They were chosen randomly, according to the demand of arrival service, and the number of participants was defined by the criteria of data saturation.¹⁰ Data were collected through semi-structured individual interviews, held at the residence of respondents over December 2013.

Data analysis was based on the operative proposal.¹⁰ The exploratory phase of this proposal involved the knowledge of the social historical context of the participants. The interpretative phase included the interpretation of the speeches of the participants and was divided into two stages, sorting and classification of data.

To sort the data, initially there was transcription of the interviews and organization of the talks. Then, for data classification there were four stages: horizontal and thorough reading of the texts; cross-reading; final analysis and reporting.

These stages involve, respectively, the initial reading of all the material produced during the data collection and the identification of relevant structures, central ideas and attitudes of the participants in relation to the theme; the clipping of a speech in a direction unit; the confrontation between the collected data and theoretical references on the subject; and the presentation of the search results.

Data collection occurred after the approval of the Municipal Health and approval by the Research Ethics Committee under CAEE number 22960613.3.0000.5346. To ensure the anonymity of informants, they were identified with the letter “N” (nursing), followed by an alphanumeric order according to the sequence of interviews.

RESULTS

The ten study participants were from 20 at 45 years old. The professions/occupations mentioned by them were snack bar cashiers, housewives, secretaries, lab assistant, student, storekeeper, moto-taxi driver, nurse technician, telephone operator and receptionist. As for education, one had incomplete secondary education, seven had completed high school and two had incomplete higher education. With regard to marital status, four were married, two had

stable union and four were single. In the case of the number of children, two reported having four children, one reported having three, five had two and two reported having one child. All reported having breastfed their children. As for the age of the babies, they were between 21 days and four months.

Breastfeeding has emerged in the words of the interviewees, as an event that is culturally influenced and reinforcing maternal identity. These perceptions show a culturally constructed reality in which values and intimate beliefs of each one are linked. In this sense, when asked about what it meant to breastfeed, most associated breastfeeding to the baby, emphasizing the benefits of this practice to the health and development of the child. Below, there are the lines that expose women's knowledge about the importance of breastfeeding.

Because the child gets stronger, it is not for any little thing she gets sick. (N4)

It is the only food that strengthens the baby. It is important for the baby, for growth. (N5)

Because of vitamins because of the antibodies, I believe. And because I learned that it is healthy for them, because they say it is the first vaccine, right? (N6)

It's good. It has antibodies that I am giving to him. He's well fed. He is growing,... breastfeeding is all good. (N10)

Diverging from previous speeches, one participant acknowledged other benefits of breastfeeding beyond those involving children's health:

It is important because of the benefits it brings for the baby and for the mother too, that the body goes back to normal. Naturally, right? Which is complete with breastfeeding. (N9)

Apart from this, another interviewee also emphasized the role of breastfeeding in strengthening the bond between mother and child:

I think it strengthens the mother's bond with the baby. (N2)

This statement shows a positive idea about breastfeeding, highlighting the possibility of formation of bonding between them, and represents one aspect needed "to be mother", as stated by another participant:

Apart from the bond I have with him now, the glimpse he gives me to thank. It's very good. (N10)

Given the above, it can be seen that breastfeeding is considered as an important factor for building bond between mother and baby. In addition, the respondents also made considerations about existing beliefs and myths in society regarding breastfeeding, as observed below:

When I was there (at the hospital), a father told to a mother that it was not to give her milk, because milk was rotten. (N3)

I've heard that after you have intercourse (sexual), you cannot give the breast to the baby. [...] Also that if you get tired, you cannot give breast to the baby. (N4)

The nursing N3 mentioned the "rotten" milk belief to remember that a husband had instructed his wife in the hospital, not to breastfeed, because her milk was slow to "come down". As a result, he believed that milk would hurt the baby.

Other nursing referred to physical fatigue as something that hinders milk production because for her, a tired body would cause more slowly milk production. In this perspective, the lines express myths present in the context of the recent mother, which are passed on between generations, as evidenced in another speech:

We will rather go out and I heard a few years ago [...] I do not believe it [...] that when there are snakes, they say those who breastfeed, they feel the smell of milk and come suck the mother's breast, and they put the tail on the baby's mouth for the child not to cry. My grandmother says that, existed a long time ago, on farms ... I do not know, I do not know if it's true, but everyone says so. (N8)

In addition to these cultural issues of myths surrounding breastfeeding, another aspect that stood out in the speeches, was partner participation at this stage. Thus, out of the ten interviewed, nine reported having a partner supporting breastfeeding, and of them, four expressed their partner participated including in the breastfeeding process.

Oh, he takes the baby from the crib, give the baby to me. He reaches me the washcloth. He participates a lot. (N1)

I sit, I prepare, get ready, and he gets the baby up here [...] and at night as well. He helps, takes the baby, turns on the light. (N2)

When she cries or something, he gets up, he sings, puts to sleep. It helps, and also encourages. "Are you hungry!" "So, he does this, does that". He encourages a lot. (N3)

He is a present father, so he picks up the kids, helps me, he rocks the baby, he is a very present father. (N5)

It was still possible to verify in a speech, the concern of women to take care of the child to allow the partner to rest, as he worked outside the home.

I leave the crib beside me and I wake up most of the time. I try to let him sleep because he wakes up early to work. (N7)

Some women reported having a partner support in the adherence and continuing of breastfeeding, but they do not participate in this process.

No. He only changes him, but during nursing, no. Only, any crying from the baby he says "oh, he is hungry, you have to feed him". (N4)

No, he does not participate. He says: "but you will give breast to him, God forbid". Sometimes he (the baby) is crying and I'm doing something and he say "drop everything, you have to assist him now". (N6)

From these reports, it is considered that the partner gives greater importance to the maternal role, emphasizing the care actions that the mother should develop with the baby and does not recognize his paternal role in this process.

The guidelines received by health professionals about breastfeeding also emerged.

The only thing the doctor told me that after 40 days, I went back to normal life. She only told me that. (N4)

Nothing. No. Not from her, she just gave me a list of medicine. (N5)

As it was little (the crack), I put the breast milk, as the nurses helped me, right? At the hospital. (N9)

I hear some things about food that they can give the baby colics, like beans, too much seasoning. It works! Like soda, right? I'm taking care of it and I know it works. (N10)

Given these statements, it is possible to see the lack of guidelines for the care that women need to have at that stage. Thus, the information transmitted focused primarily on breastfeeding, focusing on infant health.

DISCUSSION

Reports reveal the lack of knowledge of women in the advantages of breastfeeding for maternal health. It is considered that this limited knowledge and focused primarily on the health of the baby, can be explained by the fact that women have built the value of breastfeeding from medical discourse. Thus, breastfeeding is designed primarily as food, affection and protection

required for the baby's health, considered a socially determined women practice.¹¹⁻²

The act of breastfeeding has become a symbolic condition to qualify the woman as a good mother. This concept was built through the knowledge of these women about the attributes of breast milk and the sense that this practice has for them. Therefore, dedication, responsibility and subjection are justified by the need of playing the mother's duty and have a good cared child. Thus, maternal love tends to be related to breastfeeding.¹³⁻⁴

Health professionals also reinforce this belief to charge the responsibility of the woman before breastfeeding, emphasizing that the mother must correctly decide the food for their babies.¹⁴ In addition, the guidelines focus on biomedical knowledge, which only consider the biological and physiological breastfeeding, directing the care to the breasts, aimed at preventing nipple-aureolar diseases, ensuring breastfeeding success and the welfare of the child.¹⁵

However, it is considered that the actions of support, protection and promotion of breastfeeding should exceed the current dominant paradigms, looking out breastfeeding basically under the biologicist perspective. Therefore, it is necessary to invest in strategies that also address the psychological, historical, social and cultural aspects¹⁶ considering the advantages of breastfeeding not only for children but also for the women, the family and the society.

In this study, it is verified that the women had positive perceptions about the act of breastfeeding and that they are related to propitiated benefits to the baby, the recovery of the female body and the formation of the mother-child bond. Thus, for them, breastfeeding involves not only the guarantee of nutrition for the newborn, but also a process that expands and reflects on their other social interactions.

In the speech there are benefits of breastfeeding linked to children's health. Corroborating these findings, other studies¹⁶⁻⁷ also found that women emphasize predominantly the advantages offered by breastfeeding the baby, showing lesser extent the implications of it for their own health. The same authors suggest that health professionals review the guidance provided to pregnant and postpartum women regarding breastfeeding, so as not to

limit this practice to the infant or the biological sphere.

One of the benefits of breastfeeding cited by participants was about the creation of bonding between mother and child. From this perspective, it is clear that in the mothers' reports about their experience in breastfeeding, some of them described breastfeeding as a permeate act of good times, directly related to the transmission of love between mother and son.

Other authors¹⁶⁻⁸ also refer the physical contact between mother and child perceived by the woman as a pleasant moment of affection, love and approach, which allows the construction of the bonds of love and the representation of "motherhood".

Given the above, it is clear it is important breastfeeding as a link-building factor among subjects directly involved in the breastfeeding process. It is seen a direct relationship between the act of breastfeeding with maternal love and appreciation of that belief by the society.¹⁴

Being a practice influenced by the social and cultural context in which the woman lives, breastfeeding involves a multiplicity of myths, some of which were mentioned by the interviewees. The myth term derives from the verb *mytheo* (tell, narrate) and *mythos* (talk, name), and involves a story or set of stories in a culture, which are considered to be true and are transmitted by generations.¹⁹

It is noticed that breast milk is seen as a result of certain behaviors, as it could become a "rotten" milk, inappropriate for the child's nutrition. In this context, the myth expresses the way of thinking and realizing of a family, group and/or society. More than that, it expresses the meaning of a particular topic for the individuals.¹⁴

The "rotten" milk myth was transmitted by one of the most significant actors in the breastfeeding process, the woman's partner. In this study, this subject was highlighted by some women as an important ally of practice, actively participating in the process. In other situations, while he supported, the partner participated as a mere adjunct.

However, it is noteworthy that parental support is essential for successful breastfeeding, and often the presence of the partner is the most relevant support to the woman. The paternal influence stands

out as one of the reasons for joining the breastfeeding and contributes to its continuity.²⁰⁻² However, maternal responsibility to provide insight into the child's diet is culturally embedded in society, despite the father's participation supporting breastfeeding and caring for children.²¹

Thus, the social construction of breastfeeding gave the man an essentially economic function, progressively distancing of childcare. It can be seen in society, a traditional model in which man should act as family economic provider, while women should devote to home and children care.²³⁻²⁴ In this sense, the way the mother and the father are seen in society directly involves breastfeeding.

Therefore, it is understood that the partner preparation is essential to his involvement in breastfeeding. It is necessary to rethink the current mandatory practices that present breastfeeding as a natural and instinctive practice for women and men that exclude this process. It should encourage integrative actions that enable the partnership to care practices between the partner and the nursing, demystifying the attributes of men and women, constructed throughout the history of humanity.²⁵

CONCLUSION

It is hoped that this study may support the discussion of breastfeeding as one of many possibilities present in the woman's life and not as the only mandatory condition to be considered as a good mother, so that the woman who chooses not to breastfeed do not be blamed for that decision.

It is necessary to internalize breastfeeding as a central practice in marital and completeness of all family members, among them, the partner, so that he can become a breastfeeding supporter and promoter, following the woman in health services, seeking information about baby care and developing a more active role. On the other hand, health professionals also need to be sensitized and trained to get those subjects in the same proportion, placing them in care practices, valuing them and encouraging them to participate in this unique period for the family.

It is considered that this study alone would not be able to contemplate all the factors surrounding the act of

breastfeeding. However, during its construction, it was possible to perceive breastfeeding as a social-historical-cultural phenomenon, strongly influenced by the myths passed on between generations, closely linked to the meaning built by women and society throughout history. Thus, the importance of discussing the knowledge of breastfeeding for these women is ratified, also demystifying the belief that this practice involves only the female universe and that cannot be experienced with a partner.

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