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BREASTFEEDING EXCLUSIVE BREASTFEEDING: INTERRUPTION OF CAUSES IN MOTHERS OF TEENS PERCEPTION

ALEITAMENTO MATERNO EXCLUSIVO: CAUSAS DA INTERRUPÇÃO NA PERCEPÇÃO DE MÃES ADOLESCENTES

LACTANCIA MATERNA EXCLUSIVA: CAUSAS DE LA INTERRUPCIÓN EN LA PERCEPCIÓN DE MADRES ADOLESCENTES

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ABSTRACT

Objective: to know the perception of adolescent mothers of the causes that influence the interruption of exclusive breastfeeding. **Method:** a descriptive study with a qualitative approach was carried out in 2014 with 14 young mothers enrolled in three family Basic Health Units of Crato/CE. Brazil. The data were produced from semistructured interviews. The data were analyzed by content analysis technique, the Thematic mode. **Results:** persistent crying of the child, the idea of having insufficient or weak milk, the influence of family, influences of beliefs and/or tradition, difficult to handle, breast interference, need to work and lack of professional support. **Conclusion:** the reasons were given by adolescents for not having exclusive breastfeeding successfully, come from a wide variety of complex causes, manifestations related to the child before breastfeeding and the opinion of the social support network. **Descriptors:** Breastfeeding; Weaning; Adolescent.

RESUMO

Objetivo: conhecer a percepção das mães adolescentes quanto às causas que influenciam na interrupção do aleitamento materno exclusivo. **Método:** estudo descritivo, com abordagem qualitativa, realizado em 2014, com 14 mães adolescentes cadastradas em três Unidades Básicas de Saúde da Família do Crato/CE. Brasil. Os dados foram produzidos a partir de entrevistas semiestruturadas. As informações foram analisadas pela Técnica de Análise de conteúdo, na modalidade Temática. **Resultados:** choro persistente da criança, ideia de leite insuficiente ou fraco, influência dos familiares, influências de crenças e/ou tradição, dificuldade na pega, interferências da mama, necessidade de trabalhar e falta de suporte profissional. **Conclusão:** os motivos mencionados pelas adolescentes para não efetivarem o aleitamento materno exclusivo com sucesso advieram de uma ampla variedade de causas complexas relacionadas às manifestações da criança ante a amamentação e a opinião da rede de apoio social. **Descritores:** Aleitamento Materno; Desmame; Adolescente.

RESUMEN

Objetivo: conocer la percepción de las madres adolescentes de las causas que influyen en la interrupción de la lactancia materna exclusiva. **Método:** estudio descriptivo, con enfoque cualitativo, realizado en 2014, con 14 madres adolescentes inscriptas en tres Unidades Básicas de Salud de la Familia de Crato/CE. Brasil. Los datos fueron producidos a partir de entrevistas semi-estructuradas. Las informaciones fueron analizadas por la Técnica de Análisis de contenido, en la modalidad Temática. **Resultados:** llanto persistente del niño, idea de leche insuficiente o leve, influencia de los familiares, influencias de creencias y/o tradición, dificultad en agarrarlo, interferencias de la mama, necesidad de trabajar y falta de soporte profesional. **Conclusión:** los motivos mencionados por las adolescentes para no efectuar la lactancia materna exclusiva con suceso vienen de una amplia variedad de causas complejas, relacionadas a las manifestaciones del niño ante la lactancia y la opinión de la red de apoyo social. **Descriptores:** Lactancia Materna; Desmame; Adolescente.

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INTRODUCTION

Breast milk is a complete and perfect food for the children, essential for their health and development, due to immunological, nutritional benefits, both short and long term.¹ For such benefits, the World Health Organization recommends breastfeeding exclusively for the first 6 months of life and a complement for up to 2 years old or more.²

Exclusive breastfeeding (EBF) is when the infant receives only breast milk and no other liquids or solids except medicines, mineral supplements or vitamins.¹

Studies show the benefits of exclusive breastfeeding, as the decrease in infant mortality rates, preventing infections, allergic, autoimmune and chronic diseases, and better psychomotor development.^{1,2} In mothers, it promotes the reduction of bleeding after birth, protects a new pregnancy and reduces the risk of some cancers, besides facilitating the bond between mother and child.^{1,3} Despite these benefits, the activity of breastfeeding does not seem so easy in practice, not be determined only by biological character, suffering influences of emotional and maternal socio-cultural characteristics.⁴

Among some predictors that affect the realization of EBF, being a teenager have been appointed as a variable with a high level of significance.⁵ In the population of adolescent mothers, there are some peculiarities, like the fact of pregnancy occurring in a period marked by many changes, discoveries, and anxiety that can determine aggravating and negatively influence the practice of lactation.⁶

Adolescence is a stage of growth and development of the human being marked by the transition between puberty and adulthood. It occurs great physical, psychological and social changes. The World Health Organization defines it as the stage between 10 and 19 years old in chronological terms.⁷

Searching for autonomy, the adolescent is in ways previously unknown. Among them, there are the rediscovery and awareness of sexuality, which undoubtedly can lead to adolescent motherhood. It is worth considering that, regardless of age, becoming a mother needs new adaptations and interpersonal and intrapsychic adjustments. Adapting to maternal condition involves developing skills to provide care to the child.⁸

Among the different aspects related to the care of the child, breastfeeding is found as a

complex adaptive process that the adolescent faces, and suffer social, economic, cultural and historical influence, depending on the context she is inserted.⁹

Needing to know the possible factors that interfere or influence the decision making of achievement and duration of the act of breastfeeding, the following question is proposed to answer: What are the causes that lead to interruption of exclusive breastfeeding in teenage mothers' point of view?

The answer to this concern should give essential information for professionals assisting both the mother and child in pregnancy and childbirth, and seek essential knowledge to prevent disruption of EBF in adolescence. Thus, the objective is to know the perception of adolescent mothers of the causes that influence the interruption of exclusive breastfeeding.

METHOD

Descriptive study with a qualitative approach, to understand more deeply the relationships, processes and phenomena that cannot be reduced to the operationalization of variables.¹⁰

The research field is the three Family Basic Health Units inserted in the urban area of Crato, a town in the south of Ceará, in Brazil's Northeast Region. Data collection took place in December 2014.

Mothers aged 10 to 19 years old were included, enrolled in Family Basic Health Units, who had their first pregnancy, with term pregnancy, and that did not perform EBF. Exclusion criteria were being an adolescent mother with speak and/or hearing disability and have contraindications to performing EBF, by the Ministry of Health.¹

The data was produced by a semi-structured interview, with open and closed questions on the object of research. A voice recorder was used for faithful reproduction and full speech, avoiding the risk of mistaken interpretations.

There were pre-tests defined as preliminary evidence, with the purpose of highlighting flaws during typing to check the appropriateness and understanding of the questions in the script.¹¹ For data saturation, the theoretical saturation of the answers was used, which comprises the suspension of adding new ones when the data start to present some redundancy or repetition in the investigator assessment.¹²

Looking for analysis of speeches in all their complexity and possibilities, a content analysis was used, organized in phases: pre-

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analysis, that is the time the material was organized through floating reading; material exploration, when it held intensive and extensive reading, with a view to identifying the categories; and treatment of results and interpretation phase that unraveled the underlying content to what was manifest, seeking to establish links between the data and the theoretical framework of the research object.¹⁰

The development of the study took place by the ethical principles governed by Resolution 466/12 of the National Health Council and was approved by the Standing Committee on Ethics in Human Beings Research of the Regional University of Cariri (Opinion 904,551 and CAAE

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34245413.9.0000.5055). Numerals have been used, according to the embodiment of the interview sequence represented by alphanumeric symbol “E1, E2”, seeking to preserve the identity of the participants.

RESULTS

The participants were between 15 and 19 years old. Most of them have not completed high school, were having a stable relationship, living with a partner, with a family income of a minimum wage and worked exclusively in the care of the child and the house.

When asked about the reasons that led not to breastfeed exclusively, most teenagers mentioned more than one cause, shown in Figure 1.

Reasons for interruption of exclusive breastfeeding	Participant
The persistent crying of the child	E1, E4, E5, E9, E10, E12, E14
Lack of professional support	E6, E7, E12, E13
Idea of having insufficient or weak milk	E1, E2, E12, E13
Family influences	E7, E10, E12, E14
Belief and/or tradition influences	E8, E10, E14
Difficulty in handle the baby on the mother’s breast	E3, E7, E11
Breast Interferences	E3, E12
Need to work	E5

Figure 1. Causes that induce non-realization of exclusive breastfeeding in the perception of adolescent mothers in the study. Crato (CE), Brazil. 2015.

The reason most often attributed to the interruption of EBF was the child’s persistent crying. The fact that the mother had to stay with the child for a full period in her breast, and the irritation caused by the child’s crying, especially during the night, disrupting sleep both the mother and the father, also meant that they seek different feeding options.

[...] She nursed and was just crying, she was crying with hunger. When I gave her my breast and took it, she just kept crying. (E10)

I took it out (the breast); she cried. She sucked and cried, sucked and cried. (E14)

During breastfeeding, the teenager judged her milk regarding quality and quantity, and, therefore, it was based on behavioral manifestations and child development.

He nurses, nurses, nurses and does not support him [...]. I give, give, give [milk], then he wants more, sucking more and more sucking. (E13)

Then, I think it's because he's skinny, he has to eat porridge. (E8)

Another cause quite shown in the reports of teenage mothers for exclusive breastfeeding discontinuation was the influence of the family. The adolescent, depending on her

source of support (mother, grandmother and companion) to guide her choices and attitudes sometimes was subject to their orders, and even when making decision on how to feed the child they give the baby to the teenager’s mother, guided by their uncertainty and doubt about how to act as a mother, in large part, opted for the alternative advocated or counseled by the family.

When she (teenage mother) saw that the girl was hungry, she (teenager’s mother) told me to give milk. (E1)

He (the child's father) said he had to give porridge to kill his hunger (child) [...]. (E5)

The culture, beliefs and traditions also consist of environmental factors that, in the perception of mothers, caused the interruption of exclusive use of milk. Three of the teenagers justified the introduction of other foods due to the beliefs of their families, especially justifying the use of teas and water, with a medical sense.

Tea is because she was with stomachache [...] the older people speak, then he took it (tea and coconut water). (E4)

She (the child's grandmother) gave porridge too [...] so as soon as they were born (children's great-grandmother), she gives them porridge. (E14)

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The difficulty of handling the baby due to the nipple shape prevailed as a reason for some participants. The various attempts to breastfeed, given the difficulty of the child to grab the nipple, added to the crying and the child irritability, adolescents fell without motivation to perform breastfeeding.

[...] Because she does not take the nipple. Because I do not have the nipple, and she could not take it. I put her in my breast, but he starts to cry and not handle it. (E11)

Some adolescents report the presence of breast complications soon after birth as a cause for weaning. Pain from the mammary fissure consisted of the reason that triggered the interruption suckle act for some participants.

[...] My breast hurts soon, inflamed, cracked and I could not stand giving her (breast milk) is not [...] then I had to give milk. (E12)

The need to work also contributed to offer other foods. Some adolescents faced with the need to make a living and the child to become a mother.

[...] I also had to start working. (E5)

The lack of support from health professionals was cited as a cause for weaning in the discourse of adolescents.

(Ironical laugh) The nurses from there (hospital) do not help anyone! She wants you to die! (Laughs). (E12)

DISCUSSION

The reports of teenage mothers demonstrated a variety of reasons for the interruption of EBF. Among them, it was realized that the “frequent crying” was used synonymously as “hunger” for the mother, which negatively interpreted the nutritional capacity of breast milk. It is also realized that the idea of weak milk was associated with the need and increased frequency and duration of feedings, and the little weight gain, manifestations referred, in the view of adolescent mothers, that the milk failures to meet the child’s needs. This conception, although frequent and strongly supported by the culture - the myth of the weak milk - has no scientific basis.^{1,2}

The perception of weak milk for lactating is a situation that can be caused by an inadequate feeding technique, characterized in feeds infrequent and of short duration, causing incomplete emptying of the breast, and thus not consuming the subsequent milk, consisting of high concentrations of fat.^{1,13} This causes children’s need to be nursed and repeatedly, the mother have the idea that her milk is “weak”.¹⁴ The concept of weak milk is

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one of the most social constructs used as an explanatory model for the abandonment of breastfeeding.¹⁵

The “little milk” or “insufficient milk” is one of the widespread taboos often by strong social and cultural factors. Therefore, it is essential that the guidelines during pregnancy and during breastfeeding, occur to assist the mothers in gaining self-esteem and confidence that their milk can ensure the health and well-being of their children.^{14,15}

The influence of family is another of the causes cited by participants as a justification for not performing the EBF. This influence is through information, support or requests for introduction of other foods by the grandmother, great-grandmother or child’s father.¹⁶

The control and influence that family members play in both the mother/child are due to the fact that they are legal and social leaders training and care of both, because often the teenage mother does not have her income, and not autonomy or knowledge to perform care for the child - facts that are disadvantageous in the decision-making to the child’s life.¹⁷

Other influences that demonstrate concern in the decision of adolescent mothers were cultural aspects, such as beliefs and traditions.¹⁸ A supplementation with water and teas is a practice very present in the daily lives of mothers, teenagers or not, demonstrating the value of mother taught beliefs to the daughter,¹⁹ added to the possible lack of knowledge on the benefits of exclusive use of mother’s milk.²⁰ Tea is used in some cultures, from the first days of life, for therapeutic purposes to relieve cramps and discomfort caused by intestinal gasses.²¹ This reflects ignorance about the disadvantages of EBF and gaps in the training of these professionals process.

It is agreed that breastfeeding technique, positioning and adequate grabbing are essential factors for the absence of complications in the breast and success of EBF.¹³ However, it became clear that adolescents and first pregnant mothers are those who have more doubts and difficulties on breastfeeding,²⁰ being the nipple trauma as one of the problems that most often lead to early weaning among teenage mothers.²²

Adolescents who reported difficulty of the handle mentioned the nipple as the main cause. These mothers were unable to carry out the EBF, which can be understood by the lack of support, experience and lack of individualized care. Mothers who have nipples

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with this feature should be educated on the difficulties they face and how to proceed to overcome them, as there is a well-established relationship between malformed nipples and the chance of nipple trauma.²³ However, such situations do not prevent breastfeeding, being fundamental to the success of lactation, professional intervention immediately after delivery.²⁴

Breastfeeding consists of learned behavior and thus all mothers can breastfeed provided they have adequate information and support from their families and communities²⁵, as well as health services. Access to qualified health workers can help develop confidence, improve feeding technique, and prevent the development of problems associated with breastfeeding.²⁶

Although adolescents, there was verbalization of the need to work, a consequence of intrinsic and social needs particular to each context, resulting from economic change and the increasing integration of women in the labor market. It is a necessity that makes up a favorable environment to early weaning.²⁷

Corroborating this study, there is maternal work outside the home with risks almost twice as high for the early introduction of cow's milk and other different foods than the breast milk to the child.²⁸

In this perspective, it is observed that the supply of another food is provided by a chain process in which there are several factors closely related to the provision of food supplements and the interruption of breastfeeding. Frequent crying child causes discomfort, dissatisfaction, and maternal anxiety; this, in turn, develops the imagination of weak milk, that in seeking alternatives to solve their dissatisfaction, they make choices based on culture, beliefs and disseminated myths in society, and supported by those around her, resulting in disruption of EBF.

By studying the interviewees on the attitude of health professionals for the promotion of exclusive breastfeeding, there are situations where health professionals were unfortunately not identified as a favoring factor for EBF. The lack of professional support, such as teaching proper positioning and handle dialogues on breastfeeding taboos and myths, and on the emotional support are crucial for the continuity of breastfeeding. Research claim that, just as the team's guidelines can facilitate breastfeeding, lack of assistance and professional support can be a decisive factor for interruption, promoting early weaning.^{24,27}

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The lack of connection between the woman and the health professional during the service also hinders trust and credibility relationship in care delivery, thus influencing the early weaning.²⁹

Together with the lack of a link between professional and nursing mother, it was observed in some reports, the transfer of inconsistent information on the practice of exclusive breastfeeding by health professionals. Such actions favored the interruption of EBF. Concerning the performance of these professionals, often nurses area based on vertical constructions that seek to persuade women to breastfeed, without valuing the autonomy and empowerment of them, perpetuating the hygienist model.³⁰ Therefore, it is up to professionals to propose new strategies and speeches on this ancient theme.

Often breastfeeding in first mothers' adolescents, because it is a new experience, it has become a complex process, needing help for its enforcement.

CONCLUSION

The reasons mentioned by teenage mothers not to make exclusive breastfeeding successfully come from a wide variety of complex causes, related to their personal characteristics, beliefs, values and culture, sources of support (family), persistent crying child, idea enough milk to meet the child's needs, difficulties in grabbing the breast, coming back to work and problems with puerperal breast.

Professionals should act as facilitators of this process, developing permanent educations that promote the autonomy and empowerment of mothers so that they can make the best choice of their child's feeding mode.

Counseling strategies are needed to help teenage mothers express their feelings, questions, doubts, and fears, an opportune time to encourage them to breastfeed.

It should be relevant to the family, especially child's grandmother and father, be integrated into this assistance and practices for exclusive breastfeeding, for exercising great influence on the mother's decision to breastfeed the child.

It is important that health professionals, and particularly nurses, responsible for developing a large part of actions to promote exclusive breastfeeding, often make a self-assessment concerning how they are watching their patients to provide greater satisfaction to their customers.

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The study was limited to only be conducted in three districts of the city, merely a social context of the population. There were inserted multiparous adolescents and even those who had preterm children to be understood what the cause of the introduction of other foods was.

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