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BREASTFEEDING: FACTORS AFFECTING THE EARLY WEANING BETWEEN ADOLESCENT MOTHERS

ALEITAMENTO MATERNO: FATORES QUE INFLUENCIAM O DESMAME PRECOCE ENTRE MÃES ADOLESCENTES

LACTANCIA MATERNA: FACTORES QUE INFLUYEN EL DESMAME PRECOZ ENTRE MADRES ADOLESCENTES

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ABSTRACT

Objective: to identify the factors that influence early weaning among teenage mothers. **Method:** exploratory, descriptive study of a qualitative approach, held in the Family Health Unit of the State of Bahia. The participants were 12 teenage mothers who experienced early weaning. There were individual interviews, using a semi-structured script. The Thematic Content Analysis Technique was used. **Results:** there were predictive factors: influence of others, the introduction of other food, belief in the myth of the weak/insufficient milk, the fact of the mother being a student, baby rejection of the mother's breast and nipple problems. It is believed that these factors such as breastfeeding impediments could be avoided through health education measures. **Conclusion:** health professionals should implement health education activities during pregnancy, after birth and growth follow-up services and development of children. **Descriptors:** Adolescents; Early Weaning; Breastfeeding; Mother-Child Relationships.

RESUMO

Objetivo: identificar os fatores que influenciam o desmame precoce em mães adolescentes. **Método:** estudo exploratório-descritivo, de abordagem qualitativa, realizado em Unidade de Saúde da Família de um município da Bahia. Participaram 12 mães adolescentes que vivenciaram o desmame precoce. Realizaram-se entrevistas individuais, utilizando-se um roteiro semiestruturado; para analisá-las, utilizou-se a Técnica de Análise de Conteúdo Temático. **Resultados:** evidenciou-se como fatores preditivos: influência de outras pessoas, introdução de outros alimentos, crença no mito do leite fraco/insuficiente, fato da mãe ser estudante, rejeição do bebê ao peito da mãe e problemas mamários. Consideramos que esses fatores referidos como impeditivos da amamentação poderiam ser evitados por meio de medidas de educação em saúde. **Conclusão:** os profissionais de saúde devem implementar ações de educação em saúde durante a gestação, após o parto e nos serviços de acompanhamento do crescimento e desenvolvimento da criança. **Descritores:** Adolescente; Desmame Precoce; Aleitamento Materno; Relações Mãe-Filho.

RESUMEN

Objetivo: identificar los factores que influyen en el desmame precoz en madres adolescentes. **Método:** estudio exploratorio-descriptivo, de enfoque cualitativo, realizado en Unidad de Salud de la Familia de un municipio del estado de Bahia. Participaron 12 madres adolescentes que vivieron el desmame precoz. Se realizaron entrevistas individuales, utilizándose una guía semi-estructurada; para analizarlas, se utilizó la Técnica de Análisis de Contenido Temático. **Resultados:** hubo factores predictivos como: influencia de otras personas, introducción de otros alimentos, creencia en el mito de la leche débil/insuficiente, la madre ser estudiante, rechazo del bebé al pecho de la madre y problemas mamarios. Consideramos que esos factores referidos como impeditivos de la lactancia podrían ser evitados por medio de medidas de educación en salud. **Conclusión:** los profesionales de salud deben implementar acciones de educación en salud durante la gestación, después del parto y en los servicios de acompañamiento del crecimiento y desarrollo del niño. **Descriptores:** Adolescente; Desmame Precoz; Lactancia Materna; Relaciones Madre-Hijo.

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INTRODUCTION

Exclusive breastfeeding is the best way of providing ideal food for the healthy growth and development of infants. It has physiological and psychological advantages for both the mother and the newborn.¹ IN this perspective, breast milk is considered the best and most complete food for the baby because it contains balanced nutrients and enzymes, and easy organic absorption and also provides immune protection. For the mother, the act of breastfeeding aids in uterine involution delays the return of fertility, reducing the chances of breast and ovarian cancer, and strengthening the mother/child relationship.

The World Health Organization (WHO) recommends that breast milk is unique as the only source of nutrients and water for the first six months of the baby's life and, after this period, up to two years or more, breastfeeding should be complemented by other food and not replaced by this food.²⁻³ This practice of breastfeeding is a socially constructed act and the optimal duration and the practices involved may be influenced by many factors.⁴

Despite the superiority of breast milk compared to artificial milk, the decline of breastfeeding is a known phenomenon throughout the world, especially from the late nineteenth century with the advent of the Industrial Revolution. Thus, the main responsible for the decline of breastfeeding are industrialization, the discovery of milk powder, urbanization, women entering the labor market and the devaluation of motherhood by the society,⁵ causing losses in quality life and health of children.

Studies in children of adolescent mothers indicate a higher frequency of prematurity, low birth weight, higher proportion of psychomotor problems, greater likelihood of hospital complications, higher infant, and neonatal mortality rates when compared to children of adult women.⁶⁻⁷ In addition to teenage pregnancy, many other factors are associated with the genesis of these events, such as the teenage mother of insecurity, their ignorance about the process of breastfeeding, maternal neglect, lack of proper care, disinterestedness, prematurity and low birth weight.

Although breastfeeding practice incentive campaigns have been implemented, it is still a high prevalence of early weaning, abandonment, total or partial breastfeeding before six months of life. Studies show that the average duration of breastfeeding was

estimated between 10 and 13 weeks.⁸⁻⁹ The weaning process begins with the introduction of any food into the child's diet other than breast milk - including teas, water, and processed foods - and ending with the complete suspension of breastfeeding.

Considering the several benefits of breastfeeding for both the mother and the child growth and development, this study sought to answer the following question: what factors influence early weaning among adolescent mothers?

Thus, being a very relevant issue in health and answering the above question, there was an interest in performing this study, which aims to identify the factors that influence early weaning among adolescent mothers.

METHOD

Exploratory and descriptive study with a qualitative approach. The study was performed in a Family Health Unit (FHU) of the municipality of Jequié, Bahia, Brazil. The choice of this FHU was because it is an area of practical activities of the undergraduate nursing course from the State University of Bahia (UESB), which facilitated the access, knowledge of researchers and the routine of the unit, the profile of patients, and especially to promote greater interaction in the bond of affection and trust with the enrolled population.

The study participants were teenage mothers, under 19 years old, who have their registered children in the care service to the Health of Children and Adolescents, and who experienced early weaning, that is, that for some reason, they did not breastfeed the child so exclusively until six months old.

It was used a script containing data for the characterization of the sample and guiding questions directed to the object of study To guide the interviews. Data were collected in May 2010. During the period of collection, 20 teenage mothers attended the service of Attention to Health of Children and Adolescents. Considering the resistance to them to participate in the study and the low number of teenage mothers in the service, there were only 12 interviewed because the others refused to participate.

Interviews were conducted using a recorder, transcribed and systematized based on Thematic Content Analysis Technique.¹⁰ An initial reading of the statements to define the analysis corpus was held, composed of four pages originated from the content of the interviews. Then, it was started the exhaustive reading of these testimonies to

establish and prioritize analysis of goals. Therefore, the elements were selected (words and phrases endowed with meanings) that constituted important factors in the assessment of the meaning of opinions, which are called the unit of analysis. Thus, it was proceeded to the consolidation of these units according to the analogy of meanings, and then the abstraction of meaning for each factor that influenced early weaning among teenage mothers.

This study is safeguarded by the approval of the Ethics Committee (CEP) of the State University of Bahia (UESB) under Protocol Nº 215/2008, according to the National Council of Health 196/96, 10/10/96 resolution in force at the time.

Therefore, participants were provided with information about the research on the objectives, risks, and benefits; clarified on the right to participate in the study, and to remove or add any information or even give up at any stage of it; also reported on the confidentiality of information, so the identity has preserved. Regarding the risk, we alert the teenage mothers about the discomfort that might occur during the interview. Accepting to participate in the study, it was applied the involved in the study to sign the Term of Free and Informed Consent; mothers who were younger than 18 years old participated only after submitting the form signed by a responsible.

RESULTS

From the analysis of the corpus in the interviews, the category “Factors influencing early weaning” was built. Through the analysis of meaning, six factors that influenced the early weaning among adolescent mothers were highlighted:

- Influence of people from the social context;
- Early introduction of other foods;
- Belief in the myth of the weak or insufficient milk to feed the baby;
- The fact that the mother is still a student;
- Baby's rejection of the mother's breast;
- Breast problems.

Next, there is the speech of adolescents who experienced early weaning.

♦ Influence of people from the social context

It was possible to observe that non-adherence to exclusive breastfeeding suffered negative influence of friends and relatives, as shown in the following lines:

[...] The neighbor who encouraged me to stop giving breast milk to the child not to get addicted to my breast[...]. (Mother 2)

[...] My mother said that I was too thin for giving breast, and it was better for me to stop soon [...]. (Mother 4)

[...] My mother said that with four months, it was already time to stop giving breast [...]. (Mother 7).

♦ Early introduction of other foods

The speech revealed meaning where we noted the early introduction of other foods; this decision was justified by the fact the child cry a lot:

[...] He cried a lot, then I started to give other milk [...]. (Mother 1)

[...] I was hospitalized and started to give other milk [...]. (Mother 3)

[...] When I gave her another milk, she was full and stopped crying [...]. (Mother 7)

I started to give mush food when he was 3 months because she cried a lot. [...]. (Mother 10)

♦ Belief in the myth of the weak or insufficient milk to feed the baby

Some mothers demonstrated the conviction that their milk is “weak”, insufficient to feed the baby, revealing uncertainty about the quality of their milk, which is illustrated in the following lines:

[...] Because breast milk is weak and thin [...]. (Mother 5)

[...] My milk is not maintaining him, then I had to take another way [...]. (Mother 9)

[...] It was not maintaining him because he was not quiet [...]. (Mother 10)

[...] I saw it was not enough to fill her belly [...]. (Mother 12).

♦ The fact that the mother is still a student

It was observed that many teenage mothers claimed that being a student is one of the factors contributing to early weaning since they spent much time away from home and had no way of breastfeeding, as shown in the statements:

[...] I studied, then my mother started to give breast milk in the bottle when I was in school [...] then he did not want to take more breast and my breast milk dried with 3 months [...]. (Mother 6)

[...] I study at night, and when I took the milk, she did not want to take it in the bottle [...]. (Mother 11)

She has not been adapted to the bottle and not drinking in the cup as the nurse taught me [...]. (Mother 12)

♦ Baby rejection of the mother's breast

It is known that the rejection of the child to the breast is a consequence of several

factors such as the introduction of other foods, offering bottles and pacifiers, and incorrect way of putting the breast. This rejection is observed in this study:

[...] He did not take more the breast, nor when I would put breast milk in the bottle he wanted to drink, then I did not give him anymore [...]. (Mother 8)

[...] She got sick of my breast milk even that was not a saint who helped her to want to suckle at all, or the breast, or in the bottle and not in the cup [...]. (Mother 12).

◆ Breast problems

This category relates to the biological production of breast milk and anatomical structure of the breast, such as flat or inverted nipple:

[...] I did not have milk because I think I did not feed me right when I was pregnant [...], it dried up because she did not suckle and the part near the nozzle cracked, and it was aching, then it dried [...]. (Mother 3)

[...] My chest did not tip, and the child could not suck [...]. (Mother 8)

DISCUSSION

Breast milk acts to prevent and control of morbidities in childhood and adulthood, indispensable for the protection and promotion of the health of infants, influencing biological and emotionally in their growth and development.⁵ However, many mothers prefer to promote early weaning, and many may be the factors that can influence the genesis of this event.

The study reveals that, on average, in the third month of life, a new food is introduced. Even in low-income countries, where many babies usually receive little food for the first 6 months of life, the standard “traditional” almost universal to introduce food supplements is the first quarter of life.¹¹

Weaning and/or introduction of other foods before the first six months is multifactorial and correlates the context in which mothers are inserted: Mother’s dysfunction, problems with the baby, responsibility assigned to the mother, changes in the composition of the family structure, low socioeconomic status, educational level, age, mother’s work to support the family, urbanization and industrialization, spouse and relatives encouragement (especially grandparents).¹²

Moreover, it is possible to understand that, despite the decision to breastfeed is a choice of the mother, this initiative is subject to suffer third-party influences, either in a positive way, through the support and encouragement in their successful experience, or negatively by encouraging for introduction

of foods other than breast milk in infant feeding before six months of life. A study in Canada¹³ demonstrated that after the effective intervention of family and skilled health workers during lactation, the teenage mother understood the importance of exclusive breastfeeding until the six months of life and even extended the breast milk supply period.

Considering breastfeeding is not a purely instinctive action, but a past behavior from generation to generation, the family acts transmitting knowledge according to their history and life experiences. Therefore, it is of paramount importance interference of health professionals in the process of demystifying and clarifying misconceptions, given that the evolution of breastfeeding does not occur in isolation, but with socio-cultural changes. Attitudes and maternal behaviors are amenable to influence by family, social and professional networks, and its effects may last throughout breastfeeding.¹⁴

Thus, it is important to encourage the participation of the nursing mother with a member of her social network on prenatal and educational activities that address the theme breastfeeding, including the view of each on this practice, allowing more efficiently the promotion, protection, and support of lactation.

As evidenced in our study, mothers attribute the crying child to hunger, believing that breast milk is not enough, strengthening the belief that this is not fully to meet their needs, resulting in the introduction of other milk not maternal and complementary foods before the proper time.¹⁵ This offer is evidenced by the difficulty of the mothers to adapt to the child’s excessive crying and also because the milk is digested quickly, with the child’s need to nurse more frequently. Thus, the mothers begin early supply of food judged by them as stronger by “fill the belly” of the child, not analyzing its nutritional aspect.

Therefore, it is noteworthy that some problems, such as malnutrition, stunting and child mortality resulting from diarrhea are more common in children who had the offer of these foods, which are likely to have inadequate and/or contaminated nutrients.¹⁶ Thus, exclusive breastfeeding without supplementation with water or tea should be emphasized in the first months of life, considering that a significant portion of the population live in precarious conditions and diarrhea is still a major cause of mortality child, among other factors.

The adolescent participants of the survey revealed the difficulty of reconciling being a

student and motherhood. The school is a teaching and learning center, cohabitation and growth where vital values can be acquired. Through education, the barriers that interfere with breastfeeding can be stripped and replaced by the knowledge that breastfeeding is a natural act,¹⁷ healthy and necessary, there is no reason for discontinuation of studies to breastfeed the baby, and the adoption of other foods in the first six months of life. A study of breastfeeding in the United Kingdom¹⁸ found that interruption of breastfeeding is associated with low level of education of mothers. Therefore, the experience of the school environment should be seen as a preventive factor for early weaning.

As reported by teenage mothers in the interviews, there was a supply of milk through the bottle. Thus, we can say that this sense is directly related to the rejection of the child to her breast. Thus, the attitude to do the manual removal and avoid the bottle supply will stimulate milk production, benefiting the child, putting off the supply of other foods and maintaining exclusive breastfeeding for longer.

With the milk supply in a bottle, the baby can no longer accept the womb naturally, thus stimulating, early weaning.¹⁹ The use of bottles and pacifiers can modify the sucking reflex of the newborn, resulting in the early weaning,²⁰ because the baby while trying to remove the breast milk in the same way as they learned in the bottle, they start to reject the breast, as the amount of extracted breast milk is lower, hindering thus the next breastfeedings.

Even having been reported for adolescent mothers the failure of the cup to offer breast milk, the specialized scientific literature demonstrates that the use of the breast milk supply inhibits the occurrence of early weaning. This technique prevents the baby's contact with artificial teats, characterized as an economical and practical method, recommended by WHO to reduce the risk of infections and provide greater contact/relationship with the mother/child. Thus, this method has benefits both for the mother and for the baby, as proven prolonged breastfeeding.²¹

According to teenage mothers, the nurse provided the necessary guidance on the handling of the cup use in prenatal consultation. Having more contact with pregnant and postpartum women, health professionals, especially nurses should encourage this method when the supply of feeding directly in the womb is impossible

because it prevents early contact with artificial teats, which are predictors for early weaning. Thus, health professionals should provide the pregnant, and postpartum women guide about the technique of the cup, solving their questions and giving them information necessary for successful breastfeeding and the damage caused by early weaning.²¹

It is necessary to say that most babies do not suck properly at first,²² since mother and child do not yet know, and gradually the relationship between them will become satisfactory.

Thus, the nursing mother should be informed about the existence of the reflections that the baby has related to breastfeeding: the search reflex that is the reflection to open his mouth put his tongue down and out and flip head when something touches his lips or cheeks, and sucking reflexes and swallowing.²³ However, there are some things that the mother and baby have to learn: she must learn how to hold her breast and position it so that the baby takes it well; the baby has to learn how to get the breast to have an effective suction.

Teenage mothers are usually associated, wrongly, that the baby is sucking and when she feels pain, she does not know that the correct handle does not hurt, and this is very important for a good suction.¹⁹ The wrong handle can cause the baby cannot suck enough milk to feed and may result in agitation and crying. Moreover, the incorrect handle when the baby only grasps the nipple can cause pain and cracks, causing the mother becomes tense, anxious and lose confidence, leading her to believe that her milk is insufficient and/or weak.

In the management of breastfeeding guidance, it is important that health professionals report that the mother's position should be comfortable and may be lying, standing or sitting, so that the child's belly is next to the mother's body, facilitating coordination of breathing, sucking and swallowing of the child. Another essential point to be clarified is the correct way to take the breast, which allows the child to open the mouth to pick up almost all or all of the nipple and areola area.¹⁶ Thus, for this problem to be overcome, actions and strategies of health education should be adopted and implemented by health professionals, both in the prenatal and postpartum and follow-up services of growth and development of children.

Other predictive factors reported by participants were problems with the breast, more specifically engorgement and cracks in

the nipple, causing pain and hurting the child picks up the breast. However, small nipples and its size in “rest” are not obstacles to breastfeeding, as the nipple is only a third of the breast portion that the baby should enter the mouth to suck efficiently and effectively.²⁴

The nipple is more prominent in the last weeks of pregnancy or shortly after delivery and do not need to make any maneuver or use any method during pregnancy, in addition, it advises against even the use of molds of nipples during pregnancy, as it is not evident to help improve the nipple format and can injure it.²⁴

The influence exerted by biological factors of the breast, like the cracked and breast engorgement, is considered the important condition for early weaning. Together with the difficulty in breastfeeding management, these factors consist of painful lesions, responsible for feelings of anxiety, frustration, and sense of failure in the exercise of breastfeeding, causing failure in coping measures, leading to the introduction of other foods early.²⁵

Study of 50 adolescent mothers¹⁹ showed that 44% of mothers are unaware of the prevention of breast engorgement, and 68% are unaware of the prevention of breast fissures. Thus, there is the importance of guiding them about these problems of breasts aimed at preventing the early weaning.

Given the above, it is important that health professionals encourage mothers to undertake measures to minimize the difficulties of breastfeeding throughout the process of pregnancy, birth and the postpartum period,²⁶ to minimize the predictive factors for weaning precocious. It is necessary that during the counseling process, the importance of offering the breast immediately after birth is highlighted; avoiding the use of bottles and pacifiers to prevent the baby has greater difficulty in the breastfeeding; putting the child in the correct position, making it easier to handle; if the mother realizes that the breast is too full and less protruding nipples, it is necessary to take a portion of milk before placing the child in the breast.

FINAL REMARKS

We found that there are many factors that can influence early weaning among teenage mothers, which are related to the influence of people from the social context in which these mothers are related, the early introduction of other foods, the belief in the myth of weak milk or insufficient to feed or meet the needs of the baby, the fact of the mother being a

student and having to stop milk supply directly in the breast or the introduction of bottle-feeding or other means to provide breast milk to the child, rejection of baby to the mother's breast and nipple problems such as engorgement and cracked.

The importance and benefits of breastfeeding are an unquestionable act to promote and protect the health of both the mother and the child, and of considerable importance to society. More than a biological and social factor, breastfeeding is a practice that involves mainly psychological and emotional aspects.

It is worth noting that this issue is urgent for studies and may contribute significantly to reflection source on the benefits of breastfeeding, especially motivating health professionals, which have the function to promote actions to sensitize the adherence to exclusive breastfeeding in the first six months of life, performing support and appropriate guidance in health services so that the act of breastfeeding is a satisfying and enjoyable practice for mothers and babies.

Thus, it is essential to have the promotion of breastfeeding practices for the promotion of maternal and child health. In this perspective, special attention should be paid to teenage mothers, considering that early pregnancy is a predictive factor for early weaning and during this research, it was possible to understand that the guidelines and specific assistance to this age group are not being carried out effectively.

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